Complete as much of the form as you can/feel is relevant to your pupil, and return it by attaching it to the **'Book a Callback'** form in the **'Referrals'** sub-section of the Pi-EA website: [**www.pi-ea.co.uk/schools**](http://www.pi-ea.co.uk/schools)

Alternatively, you can attach it to an email to us using the following email address: [**info@pi-ea.co.uk**](mailto:info@pi-ea.co.uk)

**Note:** The Risk Assessment part *(****Section 11****, below)* must be completed prior to an assessment commencing.

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| **[01]** | | Service requested *(place an X in all relevant options)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Assessment: | | | | | | | | | | | | | | |  | | Support with an EHCP Application: | | | | | | | | | | | | | | | |  | | |
| Dyslexia Screening Assessment: | | | | | | | | | | | | | | |  | | Individual Assessment *(Bespoke)*: | | | | | | | | | | | | | | | |  | | |
| **[02]** | | Core Pupil Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | |  | | | | | | | | | | | Surname: | | | |  | | | | | | | | | | | | | |
| Date of Birth *(DD/MM/YYYY)*: | | | | | | | | | | | |  | | | | | | Gender *(M/F/Other)*: | | | | | | |  | | | | | | | | | | |
| Ethnicity: | | | | | | |  | | | | | | | | | | | Nationality: | | | | | | |  | | | | | | | | | | |
| Country of Birth: | | | | | | |  | | | | | | | | | | | EAL: | | | | | | |  | | | | | | | | | | |
| Primary Language: | | | | | | |  | | | | | | | | | | | Second Language: | | | | | | |  | | | | | | | | | | |
| English Language Skills: | | | | | | | | | | | | *Native Speaker / Competent (EAL) / New to English (Delete as applicable)* | | | | | | | | | | | | | | | | | | | | | | | |
| Current School: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Year Group: | | | | | | | | | | | |  | | | | | | Current Attendance *(%)*: | | | | | | | | | | |  | | | | | | |
| **Do they receive any support from Children's Services? *(Place an X in all relevant options)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FSP: | | | | |  | | | | | | CIN: | | | | |  | | CPP: | | | | | |  | | | | LAC: | | | | |  | | |
| **Do they receive support through any existing channels of funding? *(Place an X in all relevant options)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAME: |  | | FSM: | | |  | | | Pupil Premium: | | | | |  | | Young Carer: | | |  | | Traveller: | | | | |  | Refugee: | | |  | | Other: | | |  |
| **[03]** | | Parent/Carer Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Primary *(Main)*** | | | | | | | | | | | | | **Secondary *(Additional)*** | | | | | | | | | | | | |
| Parent/Carer Name: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Relationship *(e.g. Mother)*: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Home Tel: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Mobile Tel: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Email Address: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Home Address: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **[04]** | | Agency Involvement – Past or Present *(e.g. Social Services, CAHMS, YOT, YISP etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Name:** | | | | | | | | | | | | | **Contact Name:** | | | | | | | **Email/Tel:** | | | | | | | | | | | | | | | |
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| **[05]** | | Referred By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer Name/Main Contact: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Referring Agency/School: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Work Tel: | | | | | | |  | | | | | | | | | | | Mobile Tel: | | | | | | |  | | | | | | | | | | |
| Email Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Agency/School Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **[06]** | | Attainments/Results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current/Recent Attainments *(please provide evidence of attainments when submitting your completed form)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English: | | | | |  | | | | | | Maths: | | | | |  | | Science: | | | | | |  | | | | ICT: | | | | |  | | |
| **Last SAT Results *(please provide evidence of results when submitting your completed form)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English: | | | | |  | | | | | | Maths: | | | | |  | | Science: | | | | | |  | | | | ICT: | | | | |  | | |
| Reading Age: | | | | |  | | | | | | Test Used: | | | | |  | | | | | | | | | | | | | | | | | | | |
| **[07]** | | Medical Details/Diagnoses/Outstanding Referrals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child have any  known medical issues? | | | | | | | | *E.g. Allergies/Asthma/etc.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, are they on any  regular medication/s? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child have any  diagnosed Special or  Additional Needs? | | | | | | | | *E.g. ASD/ADD/ADHD/Dyslexia* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When were these diagnosed and by  which organisation? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School SENCO Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SEN Code *(place an X in one of the four options below, making sure to only select one option)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No SEN: **(N)** | | | | |  | | | | | | SEN Support: **(K)** | | | | |  | | Statement: **(S)** | | | | | |  | | | | EHCP: **(E)** | | | | |  | | |
| **If you selected either K, S or E from the options above** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Need: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you selected E *(EHCP)* from the options above *(please provide a copy of the EHCP when submitting your completed form)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EHCP Co-ordinator  Name & Contact Details: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **[08]** | | Focus for Referral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Fixed Term Exclusions this year: | | | | | | | | | | | | | | | |  | | Total number of days excluded this year: | | | | | | | | | | | | | | | |  | |
| Main Concerns  *(Please describe the key issues in as much detail*  *as possible):* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desired outcomes  from the Referral: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's Strengths: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's Weaknesses: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **[09]** | | Parent/Carer/Young Person's Consent *(a Young Person is classed as being 12+ years old)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Carer consents to Referral *(Y or N)*: | | | | | | | | | | | | | | | |  | | Date of Conversation *(DD/MM/YYYY)*: | | | | | | | | | | | | |  | | | | |
| Young Person consents to Referral *(Y or N)*: | | | | | | | | | | | | | | | |  | | Date of Conversation *(DD/MM/YYYY)*: | | | | | | | | | | | | |  | | | | |
| **What you are consenting to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing this Referral the Parent/Carer is consenting to the involvement of **Pi Educational Assessment Ltd** and its staff. Information regarding the Young Person will be shared with **Pi Educational Assessment Ltd** solely for the purpose of improving outcomes for the Young Person.  **Note:** Where there is a recommendation for further referrals to be made to other agencies this will be done separately. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Carer's  Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Carer's views  about this Referral: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Young Person's  Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Young Person's views  about this Referral: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **[10]** | | Acknowledgement *(to be signed by the Referrer)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby acknowledge that the information within this Referral is complete and accurate at the time of writing and that I have the consent of the Young Person and appropriate Parents/Carers to share this data. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer's Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer's Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer's Position: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date *(DD/MM/YYYY)*: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Note: Please make sure 'Section 11: Risk Assessment' *(below)* is complete before submitting.** | | | | | | | | |
| **[11]** | Risk Assessment | | | | | | | |
| **Note:** This section of the Referral Form **must be fully completed** before an application will be accepted. If you answer **Yes** to any of the questions below, details **must be provided** to support your answer. | | | | | | | | |
| Pupil's First Name: | |  | | | | Pupil's Surname: |  | |
| Date of Birth *(DD/MM/YYYY)*: | | | |  | | Gender *(M/F/Other)*: | |  |
| Have any of the following been a cause for concern: | | | | | Y/N | If **Yes**, please provide details of their behaviour. | | |
| Have they shown violent behaviour towards staff? | | | | |  |  | | |
| Have they shown violent behaviour towards peers? | | | | |  |  | | |
| Have they shown verbal aggression towards staff? | | | | |  |  | | |
| Have they shown verbal aggression towards peers? | | | | |  |  | | |
| Do they display discriminatory tendencies? | | | | |  |  | | |
| Have they been involved in bullying? | | | | |  |  | | |
| Have they themselves been bullied? | | | | |  |  | | |
| Have they shown sexual behaviour towards staff? | | | | |  |  | | |
| Have they shown sexual behaviour towards peers? | | | | |  |  | | |
| Impulsive/Dangerous Behaviour | | | | | | | | |
| Have they shown impulsive/dangerous behaviour? | | | | |  |  | | |
| Have they been known to carry offensive weapons? | | | | |  |  | | |
| Do they have a Positive Handling Plan? | | | | |  |  | | |
| Alcohol & Drug Use | | | | | | | | |
| Do they use alcohol and/or drugs? | | | | |  |  | | |
| Is this a regular occurrence? | | | | |  |  | | |
| Does this result in aggressive/violent behaviour? | | | | |  |  | | |
| Have they been involved in dealing drugs? | | | | |  |  | | |
| Anxiety/Depression/Mental Health | | | | | | | | |
| Is there any evidence of self-harm? | | | | |  |  | | |
| Are there any other risk factors to consider? | | | | |  |  | | |
| Additional Information | | | | | | | | |
| Please provide details of any possible triggers for  all of the behaviours identified above: | | |  | | | | | |
| Recommended actions  to be taken to minimise the impact of any risks? | | |  | | | | | |