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**

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

|  |  |
| --- | --- |
| **[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 anyknown medical issues? | *E.g. Allergies/Asthma/etc.* |
| If so, are they on anyregular medication/s? |  |
| Does the child have anydiagnosed Special orAdditional Needs? | *E.g. ASD/ADD/ADHD/Dyslexia* |
| When were these diagnosed and bywhich 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-ordinatorName & 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 outcomesfrom 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'sSignature: |  |
| Parent/Carer's viewsabout this Referral: |  |
| Young Person'sSignature: |  |
| Young Person's viewsabout 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 forall of the behaviours identified above:  |  |
| Recommended actionsto be taken to minimise the impact of any risks? |  |