**SECONDARY BEHAVIOUR SUPPORT**

**ALTERNATIVE PROVISION REFERRAL FORM**

Please complete this form in full and email it together with any relevant documents to

[ian.fordham@enfield.gov.uk](mailto:olivia.wittich@enfield.gov.uk)

If areas of the form are incomplete it may be returned before any intervention can take place.

If you have any queries, please contact the Secondary Behaviour Support Team on 020 8132 0314

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Details**  Name of Referring School Name of School Local Authority Date On Roll of Referring School   |  |  |  | | --- | --- | --- | |  |  |  |   Main Contact Person Contact Number/s Contact Email   |  |  |  | | --- | --- | --- | |  |  |  |   Reason for Referral e.g. Risk of PEX, Attendance   |  | | --- | |  |     **Student Details**  Legal First Name Middle Name Legal Surname   |  |  |  | | --- | --- | --- | |  |  |  |   Date of Birth Gender Ethnicity   |  |  |  | | --- | --- | --- | |  | Choose an item. |  |   Year Group ULN UPN   |  |  |  | | --- | --- | --- | | Choose an item. |  |  |   **\*PLEASE INPUT EITHER ULN OR UPN**  Learner Home Address   |  | | --- | | Postcode: Borough of Residence: |     Home Language Religion Telephone Number (Optional)   |  |  |  | | --- | --- | --- | |  |  |  |     **Main Contact Details**  Title First Name Second Name Contact Type  (Mum/Dad/Stepparent/Carer etc)   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   Telephone Number 1 Telephone Number 2 Email address   |  |  |  | | --- | --- | --- | |  |  |  |     Is the address the same as the young person’s? Yes No  If not, please enter address below   |  | | --- | | Postcode: Borough of Residence: |   Is the Child LAC? Choose an item.    Does the Child have any Gang Affiliations? Choose an item.  If yes, please add details below   |  | | --- | |  |     Are there any unsafe areas for the YP to enter?  If yes, please choose from the options below  Choose an item.  Choose an item.  Choose an item.   |  | | --- | | Any other unsafe areas not mentioned |   Strengths Areas to Work On/Needs Any Post-16 Interests   |  |  |  | | --- | --- | --- | |  |  |  |   Has the young person completed a 12 week course of 1:1 mentoring with the Enfield Outreach Behaviour Support team in the last two academic years? If YES, please confirm dates of the mentoring.  Start Date End Date    **Welfare Information (Details of any outside agency involvement)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **AGENCIES** | **KEY WORKER NAME** | **CONTACT DETAILS** | **CURRENTLY INVOLVED?**  **YES NO** | | | CAMHS/EP |  |  |  |  | | Education Welfare |  |  |  |  | | Health Service |  |  |  |  | | Social Care |  |  |  |  | | Child Sexual or Criminal Exploitation Team |  |  |  |  | | Youth Offending Service |  |  |  |  | | Prevent |  |  |  |  | | Police |  |  |  |  | | FASH |  |  |  |  | | Change and Challenge |  |  |  |  | | Compass/Drug Agency |  |  |  |  | | LAC |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Additional Social Care Information  (Please highlight any that apply) | **CIN** | **CP** | **CSE** | **PREVENT** |   **SEN Details - Please select status below**  Choose an item.  Details of SEN |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Details**  Medical Practice Address Telephone Number   |  |  |  | | --- | --- | --- | |  |  |  |     **Medical Details**  **School History/Assessment**  Name of Previous School Date Started Date Left   |  |  |  | | --- | --- | --- | |  |  |  |   Name of Previous School Date Started Date Left   |  |  |  | | --- | --- | --- | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  | **ENGLISH** | **MATHS** | **SCIENCE** | | KS2 |  |  |  | | KS3 |  |  |  | | Current National Curriculum level **(must complete)** |  |  |  | |  | | | | | Most Current Reading Age | Age: | Date Tested: |  | | Most Current Spelling Age | Age: | Date Tested: |  | |  |  |  |  | | **KS4 Subjects** | **Exam Board** | **Coursework Completed** | **Estimated Grade** | | ENGLISH |  |  |  | | MATHS |  |  |  | | SCIENCE |  |  |  | | Other optional subjects (please list below) |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Exclusions Summary**  Date Number of days Reason for Exclusion   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **School Attendance Figures**  Current Academic Year Attendance Percentage    No. of Possible Sessions No. Sessions Attended Last Attendance Date Unauthorised Absence   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   Please give FULL details for this referral and include any support that has/had been arranged for the learner:  **School Interventions/Support offered to YP (please mark) Brief Details**  Support in school – TA / Mentor  PSP  Alternative Provision  Prevent Mentor  School Counsellor / EP  Early Help Form  **View of Parent/Carer(s)/Guardians**  Please take this opportunity to highlight the views of the parent/carer(s) regarding their child’s needs e.g. Do they experience similar concerns within the home environment?  Please identify the hopes of the parent/carer(s) for their child. SBSS Behaviour Risk Assessment  |  |  |  |  | | --- | --- | --- | --- | | **Assessing the risk to Health and Safety** | **High** | **Med** | **Low** | | Evidence of physical assault against peers |  |  |  | | Evidence of verbal abuse towards peers |  |  |  | | Evidence of physical assault against adults/staff |  |  |  | | Evidence of verbal abuse towards adults/staff |  |  |  | | Evidence of criminal activities |  |  |  | | Evidence of sexualized behaviour |  |  |  | | Evidence of bullying |  |  |  | | Evidence of Arson/Fire setting |  |  |  | | Evidence of vulnerability – self harm |  |  |  | | Punctuality/Attendance concerns |  |  |  | | Concerns around educational attainment |  |  |  | | Evidence around disrupting lessons or peer groups |  |  |  | | Evidence of racism or homophobic language/groups |  |  |  | | Evidence of alcohol/substance misuse |  |  |  | | Concerns around parental support |  |  |  | | Concerns around self-esteem |  |  |  | | Concerns around mental health |  |  |  | | Concerns around medical needs |  |  |  | | Concerns around social withdrawal |  |  |  | | Possession/use of weapons |  |  |  | | Leaving site without permission |  |  |  | | Gang involvement |  |  |  | | Does any E.P report indicate a risk of violent behaviour |  |  |  | | Any student allegations against members of staff |  |  |  | | Any parent/guardian allegations or threats against members of staff |  |  |  |   In your professional opinion, and in the SSC setting, does this student present a significant risk? If so, summarise your concerns referring to available evidence.   |  |  |  |  | | --- | --- | --- | --- | | **Additional Resources or Support [other than routinely available]** | **Yes** | **No** | **?** | | Full time attendance of an additional member of staff |  |  |  | | Special training for staff? |  |  |  | | Maximum group size? |  |  |  | | Special supervision during breaks, outside activities or particular subject areas? |  |  |  | | Additional staffing ‘on hand’ |  |  |  | | Other [please specify]  Pastoral support from educational setting |  |  |  |   In your judgement, does this student require a higher level of risk assessment before proceeding further?  Is there enough information available on this student to make this decision valid?   |  | | --- | | What is the desired outcome or impact for this referral?  Are there any other comments that you feel would be helpful for Behaviour Support to consider? | | **REFERRER NAME:**  **REFERRER SIGNATURE:**  **DATE:** | | **PARENTAL NAME:**  **PARENTAL SIGNATURE:**  **DATE:** |   **PLEASE NOTE THIS REFERRAL CANNOT BE PROCESSED WITHOUT PARENTAL SIGNATURE** |