



Request for consideration for short-term placement

SS2 REFERRAL FORM (Ardmore)

Please complete referral form as fully as possible with all the relevant documents attached (see checklist).

The two most recent IEPs are essential.

General Information

School Name		Tel No	
SENCO/School Contact		email	

Child's details

Forename		Legal Surname	
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Address		Postcode	
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DOB		Gender	M / F
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Year	
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Contact details of person with parental responsibility

Forename		Surname	
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Address		Postcode	
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Phone	
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SEN Information

Stage: (please circle)

Code of Practice		2	3	4	5*
Primary need					
Other needs					
Additional Adult Assistance provided?	Y/N	Please give details			

*** Please enclose a full copy of the most recent statement.**

Risk Management

The following behaviours may put staff and pupils at risk. Please indicate if there have been any occurrences of the following and give details. If the answer is yes to any of the below, a full risk management plan must be enclosed.		
Threats/violence against staff	Y/N	
Threats/violence against pupils	Y/N	
Damage to property	Y/N	
Making allegations against staff	Y/N	
Absconding from school	Y/N	
Bullying of others	Y/N	
Self-harm	Y/N	

Referral information

Reason for referral	
Strategies used to date	
Responses to these strategies	

Has the pupil been receiving outreach support?	Y / N
Date Outreach support started	
Effectiveness of outreach Support?	
Please give details:	

Has the pupil attended Ardmore previously?	Y / N Date(s)
Please detail below how the specific recommendations from the reintegration report were implemented and their effectiveness	

Has the pupil been suspended	Y/N
Please give details of each suspension (reasons, duration etc.):	

Attendance concerns?	Y/N	EWO?	Y/N
Please give details:			

Most recent school report attached	Y/N
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Referral to other Board services?	Y/N
Please give details:	

Other information

Looked after status	Foster Care	Residential	Respite Care	(Please Circle)
Key Worker name/number				

Known to Social Services?	Y/N
Social worker name/number	

Child Protection Register	Y/N	Care Order	Y/N
Any relevant CP information must be enclosed in a sealed envelope, marked for the attention of the Designated Teacher			

Additional Comments: (e.g. ex – LAC)	

Any other factors that may have contributed to child's presenting difficulties:

Learning assessments

Please note tests administered and outcomes	
Reading (Accuracy/Comprehension)	
Spelling	
Cognitive	
Numeracy	
Other	

Signatures:

School Principal _____

Date: _____

Parent / Guardian:

I have read and discussed this completed referral form and agree to it being forwarded to the Ardmore admissions panel for consideration and possible placement.

Signed:

Print Name:

Parent or person exercising parental responsibility.

Checklist:

Please tick when the following have been attached: (where appropriate)

Two most recent IEPs including behavioural targets, strategies & outcomes	
Recent School Report	
Risk Management Plan	