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| **Information Passport**  Request for Services to Support Pupils with Behavioural Difficulties (Secondary)  **All Sections are mandatory – Forms will be returned if not fully completed which may delay support** |

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| **Referring School** |  | **Please Indicate PSP Level** | None   1     2 A/B      3 |

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| **Section 1:** | **Biographical Details** | | | | | | | | | | | | | | |
| **Child’s Name** |  | **Date of Birth** | |  | | | **Gender** | | Male    Female | | | **Year Group** | | |  |
| **Address:** |  | | | | | | | | | | **Post Code** | | |  | |
| **Free School Meals** | Yes  No | **Looked After Child** | | | Yes No | | | **Open Child Protection Plan** | | | | | Yes  No | | |
| **SEN Status** | None   K   E   S | | | | | | | | | | | | | | |
| **UPN** |  | | | | | | | | | | | | | | |
| **UNL** |  | | | | | | | | | | | | | | |
| **SEN Priority Reason** | SPLD  MLD  SEBD | | **Ethnicity** | | |  | | | | **First Language**  ***If not English*** | | | |  | |
| **Parent/Carer Name** |  | | **Relationship** | | |  | | | | **Contact Number** | | | |  | |
| **National Identity** |  | | **Home Language** | | |  | | | | **Country Of Birth** | | | |  | |
| **Religion** |  | | **Proficiency in English** | | | A - New to English B - Early acquisition  C - Developing competence  D – Competent E – Fluent  N - Not yet assessed | | | | | | | | | |
| **Current details and history of the child’s care arrangements and / or family circumstances:** | | | | | | | | | | | | | | | |
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| **Section 2:** | **Information about the Child** | | | | | | | | | | |
| **Please Indicate Concerns** | Actual Physical Assault    Persistent Disruptive Behaviour  Offensive Weapon |  | Threatened Physical Assault  Damage to Property    Sexual Misconduct | | |  | | Verbally Abusive    Substance Misuse  Other | | |  |
| **Please Give a Brief Description of Concerns** | | | | | | | | | | | |
| **School’s Response to Concerns** | PSP / IEP / PEP implemented  Nurture Group  Health & Safety Risk Assessment |  | Review of PSP / IEP / PEP  Access to ACU / BSU  Fixed Period Exclusion Issued | | |  | | Emergency Annual Review  Referred to IDP  Twilight Sessions Offered | | |  |
| **Date of Last Meeting:** | | | | | | | | | | |
| **Exclusion History** | **Current Academic Year** | **Number of Exclusions Issued Number of Days Excluded:** | | | | | | | | *Please provide Summary on Appendix A* | |
| **Last Academic Year** | **Number of Exclusions Issued Number of Days Excluded:** | | | | | | | |
| **Attendance %** | **Current Academic Year** *to referral date* % | | | **Last Academic Year**  - *Overall*% | | | | **Open EWS Case** | | Yes  No | |
| **National Curriculum Levels** | | | | | **Basic Literacy Skills** | | | | | | |
| **Subject** | **Level** | **Dated Assessed** | | | **Skill** | | **Age** | | **Date Assessed** | | |
| **Maths**    **English**    **ICT**    **Science** |  |  | | | **Reading**    **Spelling** | |  | |  | | |
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| **The Assessment Date must be within 9 months of referral** | | | | | | | | | | | |
| **Please Give a Brief Description of the Pupil’s Strengths and Interests** | | | | | | | | | | | |

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| **Section 3:** | **Supplementary Background Information** | | | |
| **Medical Information - Please indicate any known medical conditions / needs**    ADHD ASD  Asthma Diabetes   Eczema  Epilepsy    Epi Pen  Speech Impediment    Wears Glasses      Other        *please state* | | | | |
| **Agencies Involved - Please indicate which Agencies have been involved with the child within last 3 years:** | | | | |
| **Agency** | | **Contact Name** | **Contact Number** | **Open Case** |
| Social Care & Safeguarding  Youth Offending  Education Psychology Service  Lead Professional or ISH Manager for EHR    Other, please state |  |  |  | Yes     No  Yes     No  Yes     No  Yes     No    Yes     No |
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| **Common Assessment Framework**    A CAF should be considered where a child has a need that is unlikely to be met through behaviour support alone and/or where the child’s needs are unclear. Please contact your local ISH manager for further advice.    **If Open Case – Please indicate next meeting date** | | | | |
| **Child Protection procedures**    Where staff have concerns that a child has been harmed or abused or is at risk of harm or abuse, then the relevant child protection procedures must be followed. | | | | |

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| **Section 4:** | **Type of Support Request and School Consent** |
| **Please indicate the type of support preferred – *it is possible to make a request for more than one provision***     |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Leicester Partnership School** | | |  | | | | | | | | KS 3 Support |  | KS 3 Provision |  | KS 4 Support (Including Vocational) |  | KS 4 Provision (Including Vocational) |  |  |  | |      |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Outreach & Placement Team** | | | |  | | | | | | SEBD One to One |  | Targeted Group Work |  | | Advice/ Consultancy |  |  |  | | Please give a brief description strategies already tried by the school: | | | | | | | | |      |  |  | | --- | --- | | **Education Pyschology Service** | | | EP Access |  | | |
| **Name of the Senior Lead on Behaviour responsible for this referral** | **Date of Referral** |

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| **Section 5:** | **Parental View and Consent** | |
| **Please give details of any views that the parent / carer and child has regarding this referral** | | |
| **Parental Consent** | The reason for the referral has been explained to me by the school and I agree to the referral being made    I am aware of the information contained in this form and acknowledge the Data Protection Clause detailed in Section 6. | Yes  No  Yes No |

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| **Section 6:** | **Submission of Referral Form** |
| The form **must** be submitted electronically through the School’s email system to the relevant Service being requested.     |  | | --- | | **Leicester Partnership School** | | [redwards@lps.leicester.sch.uk](about:blank) | | |

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| **Section 7:** | **General Data Protection Regulations [GDPR - May 2018]** |
| The information provided by you on this form is required for the purpose of providing appropriate support services for the identified child. This may be disclosed to other relevant Children and Young People Services and partner agencies for this purpose. Information will not be passed to any other third parties unless required to do so by law. All personal data used by Leicester City Council and its services is registered with the Data Protection Registrar and will be securely retained for the duration that this is legally required. The subject of this data and those who exercise legal responsibility for them have the right to see this information if they so wish. | |

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| **Appendix A**  **Exclusion Summary** |

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| Child’s Name |  |

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| **Current Academic Year** | |  |
| **Date of Exclusion** | **No. Days Excluded** | **Reason for Exclusion** |
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| **Previous Academic Year** | |  |
| **Date of Exclusion** | **No. Days Excluded** | **Reason for Exclusion** | |  |
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