

<b>Panel District</b>	 <b>Kent County Council</b> kent.gov.uk <b>IYFAP Referral Form</b>
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<b>Date of Panel Meeting</b>		<b>Outcome from Panel Meeting</b> <i>(To be completed after meeting)</i>	
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<b>PROPOSED OUTCOME (Please Tick)</b>			
<b>School Placement for Hard to Place Primary</b>		<b>School Placement for Hard to Place Secondary</b>	
KS3 Managed Move		KS4 Managed Move	
KS3 Respite and Return to Home School/Managed move		KS4 Respite and Return to School/Managed Move	
KS3 Directed Placement		KS4 Directed Placement	

<b>YOUNG PERSON DETAILS</b>			
<b>Forename</b>		<b>ULN / UPN</b>	
<b>Surname</b>		<b>Gender</b>	
<b>Date of Birth</b>		<b>Year Group</b>	

<b>YOUNG PERSON PROFILE</b>			
<b>Support</b>	<b>Currently (Please Tick)</b>	<b>Previously (Please Tick)</b>	<b>Details of Involvement and Relevant Contact Details (Please provide as much historical detail as possible, including support refused)</b>
EHCP			
CiC			
CiN			
CP			
Social Services			
Early Help			
CAMHS			
YOT			
STLS			
FSM/PPG			

<b>IDENTIFIED NEEDS</b>			
<b>Area of Need</b>	<b>Currently</b>	<b>Supporting Information</b>	
<b>Cognition and Learning</b>			
<b>Communication and Interaction</b>			
<b>Social, Emotional and Mental Health</b>			
<b>If not already in place, in your opinion, does this young person require an EHCP?</b>			
<b>Has Young Person been Presented to the LIFT panel?</b> <i>(LIFT Outcome form MUST be included at the end of this form)</i>		<b>Date</b>	

<b>BASELINE DATA</b>						
<b>CAT Scores</b>	<b>Verbal</b>		<b>Non Verbal</b>		<b>Quantitative</b>	
<b>KS2 Levels</b>	<b>English</b>		<b>Maths</b>		<b>Science</b>	

KS3 Levels	English		Maths		Science	
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**CURRENT EDUCATION PROVIDER**

Name		Telephone	
Address			
Contact		E-mail Address	

**PREVIOUS PRIMARY AND SECONDARY SCHOOLS (including Managed Moves)**

School Name (include Local Authority, if not Kent)	Start Date	End Date	Reason for Leaving

**ATTENDANCE HISTORY**

Total Attendance	Authorised Absence	Unauthorised Absence	Any Relevant Information

**BACKGROUND INFORMATION**

Why is the Young Person Being Referred?			
Exclusions	Date	Reasons for Exclusion	Number of Days
Support Provided by School	Date	Details of Support	Level of Success

**YOUNG PERSON'S VIEWS**

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**PARENT/CARER INFORMATION**

Full Name		Full Name	
Relationship/Legal Status		Relationship/Legal Status	
Address		Address	
Telephone		Telephone	
Parent/Carer Views (Are they aware and in support of the referral?)			

**REFERRER'S DETAILS**

Name		Position		Date	
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**SUPPORTING DOCUMENTS**

**Please copy and paste the following supporting information below**  
*(As a cropped screenshot or directly from the document)*

**Most Recent School Report**

**LIFT Outcomes Form**

**Relevant Recent Behaviour Log**