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| **Panel District** | **IYFAP Referral Form** |

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| **Date of Panel Meeting** |  | **Outcome from Panel Meeting** *(To be completed after meeting)* |  |

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| **PROPOSED OUTCOME *(Please Tick)*** | | | |
| **School Placement for Hard to Place Primary** |  | **School Placement for Hard to Place Secondary** |  |
| **KS3 Directed off site (temporary support)** |  | **KS4 Directed off site (temporary support)** |  |
| **KS3 Respite and Return to Home School** |  | **KS4 Respite and Return to School** |  |
| **KS3 Managed Move (permanent)** |  | **KS4 Managed Move (permanent)** |  |

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| **YOUNG PERSON DETAILS** | | | |
| **Forename** |  | **ULN / UPN** |  |
| **Surname** |  | **Gender** |  |
| **Date of Birth** |  | **Year Group** |  |

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

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

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| **BASELINE DATA** | | | | | | |
| **CAT Scores** | **Verbal** |  | **Non-Verbal** |  | **Quantitative** |  |
| **KS2 Levels** | **English** |  | **Maths** |  | **Science** |  |
| **KS3 Levels** | **English** |  | **Maths** |  | **Science** |  |

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| **CURRENT EDUCATION PROVIDER** | | | | |
| **Name** |  | | **Telephone** |  |
| **Address** |  | | | |
| **Contact** |  | **E-mail Address** |  | |

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| **PREVIOUS PRIMARY AND SECONDARY SCHOOLS *(including Managed Moves or Directions off site)*** | | | |
| **School Name *(include Local Authority, if not Kent)*** | **Start Date** | **End Date** | **Reason for Leaving** |
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| **ATTENDANCE HISTORY** | | | |
| **Total Attendance** | **Authorised Absence** | **Unauthorised Absence** | **Any Relevant Information** |
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| **BACKGROUND INFORMATION** | | | |
| **Why is the Young Person Being Referred?** |  | | |
| **Suspension** | **Date** | **Reasons for Suspension** | **Number of Days** |
|  |  |  |
| **Support Provided by School** | **Date** | **Details of Support** | **Level of Success** |
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| **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?)* | *(All referrals should be transparent, discussed and understood by the family).* | | |
| **Parental Permission** | *(Parental/ carer agreement is not required for a temporary direction off site, but parents must agree to a permanent managed move).* | | |

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| **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** |
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| **LIFT Outcomes Form** |
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| **Relevant Recent Behaviour Log** |
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