Attendance cases that require single agency intervention by the Inclusion and Attendance Service will be referred directly into the Service. Some cases that require family intervention and casework should be referred through the Early Help Notification process. When you are not sure, please consult your designated School Liaison Officer or Area Inclusion and Attendance Lead to find out whether you refer this case via Early Help Notification. Alternatively, please use the following quick check list to help you to decide:

|  |  |
| --- | --- |
| **Any Family or Parental Problems?** | (Please circle the chosen answers) |
| **Mental health problems** | Yes/ No/ don’t know |
| **Drug or alcohol misuse** | Yes/ No/ don’t know |
| **Offending or anti-social behaviour** | Yes/ No/ don’t know |
| **Domestic violence** | Yes/ No/ don’t know |
| **Poor housing** | Yes/ No/ don’t know |
| **Family debt** | Yes/ No/ don’t know |
| **Family bereavement** | Yes/ No/ don’t know |
| **Long-term or serious illness in the family** | Yes/ No/ don’t know |
| **Any other family or parental problem?** | Yes/ No/ don’t know |
|  |  |

If your answer to any of the above check list question is “Yes” or “don’t know”, the case should be referred through Early Help Notification by:

* Requesting Early Help advice and support from an Early Help Triage team by email ([**earlyhelp@kent.gov.uk**](mailto:earlyhelp@kent.gov.uk)) or phone 03000 419222; or
* Request for access to Early Help support by completing and uploading a [**notification form**](https://shareweb.kent.gov.uk/Documents/KELSI/Pupil%20support%20and%20wellbeing/Integrated%20Processes%20(CAF)/KFSF%20Notification%20Form%20Part%201%20Sept%202014%20v1.docx).

Otherwise please complete the remaining part of this referral form to the Inclusion and Attendance Service.

|  |  |  |
| --- | --- | --- |
| Please return to | Designated School Liaison Officer (Attendance) | |
| «Email Address» | |
| Completed by | Name |  |
| Designation |  |
| Contact tel |  |
| Email |  |
| School name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PUPIL DETAILS** | | | | | |
| **First Name** | **Legal Surname** | **DOB** | **Ethnicity** | **Language** | **Gender** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UPN** |  |  |  |  |  |  |  |  |  |  |  |  |  | **NCY** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEN Status** | None |  | **Looked After Child Status** | Y / N |
| School Action |  | In the care of KCC | Y / N |
| School Action + |  | In the care of other LA | Y / N |
| Statement/EHC |  | Please specify LA | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CSS Action** | CHIN | Y / N | Social Worker Name | Contact Details |
| CP Plan | Y / N |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Early Help** | Currently open | Y / N | Lead Professional | Contact Details |
| Date closed |  |  |  |
| Offered | Y / N | If no, please give reason: | | |
| Declined | Y / N | If declined, please state by whom: | | |

|  |  |  |
| --- | --- | --- |
| **PARENT/CARER DETAILS**  If parent(s)/carer(s) live at more than one address, please indicate clearly the address at which pupil resides. | | |
| Title (Mr/Mrs/Ms/Miss) | 1. | 2. |
| Surname |  |  |
| Forename (in full) |  |  |
| Relationship to pupil |  |  |
| Contact tel |  |  |
| Address |  |  |
| Postcode |  |  |

|  |
| --- |
| 1. **What actions have the school taken to address the attendance concerns?**   *Please attach evidence of ‘First Day Calling’ together with copies of all correspondence, minutes from meetings and any other relevant documentation.* |
|  |

|  |  |
| --- | --- |
| 1. **Have you advised Parent/Carer of this referral?**   *Please note that the Inclusion and Attendance Service is unable to accept referrals unless parents have been advised.* | **Y / N** |

|  |  |
| --- | --- |
| 1. **Are Parent/Carer aware that some/all absences have not been authorised?** | **Y / N** |
| *Please give details of how they were advised:* | |

|  |
| --- |
| 1. **Sibling information.** |
| |  |  |  | | --- | --- | --- | | Sibling Name | School Attended | Attendance Record | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

|  |  |
| --- | --- |
| 1. **Are you aware of any issues regarding worker safety that should be taken into account when planning a response (including issues with pupil behaviour)?** | **Y / N** |
| *Please give details:* | |

*Please ensure an accurate registration certificate is attached and does not include the use of absence code N, or any missing marks.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Name: |  | Designation: |  |