

## SILC TRAINING REFERRAL FORM

Please note this referral form must be filled out in **FULL** and returned prior to the student's commencement date. If the referral form has not been received by this time it may cause delay in the students start date. All sections are compulsory and **MUST** be completed. **Please circle, delete or highlight where necessary.**

### STUDENT INFORMATION

Student Name:

Date of birth:

School year:

Current address:

Parent/Guardian Name(s):

Home/mobile number:

Parent/Guardian email:

Who has parental responsibility:

Ethnicity:

EAL: YES/NO

Language spoken at home:

### BEHAVIOUR AND ATTENDANCE

Please grade the student on the scale given on their behaviour.

**BEHAVIOUR:**

Grading

Self-Management of Behaviour	
Communicating with others (staff/peers etc.)	
Self-Organisation	
Attitude	
Learning Skills	

1. Poor
2. Satisfactory
3. Good
4. Excellent

**ATTENDANCE:**

**(Please circle/highlight the relevant attendance grade for student)**

1	2	3	4
0-30%	31-60%	61-85%	86-100%

### STUDENT NEEDS

Is the pupil at any stage of the SEN Code of Practice?

**(Please circle, delete or highlight as appropriate)**

YES/NO

EHCP

K

ADHD

SEN need:

SpLD

MLD

SLD

BESD/EBD

ASD

SEMH

ATT

Name of Education Psychologist (If applicable):

If in receipt of a EHCP, date of last annual review:

Name of SENCO:

Name of Special Needs Case Manager:

Telephone No.

**(Please delete as appropriate)**

Child Protection Plan: YES/NO

Child In Need: YES/NO

Looked After Child: YES/NO

**REASON FOR REFERRAL****Briefly outline these:****STUDENT EDUCATIONAL PROFILE****Please give the students assessment ages for reading, spelling and numeracy:**

RA	SA	NUM

Outline actions already taken within school to address educational needs of pupil:  
PSP/IEP (Please Attach)

Outline involvement of other agencies with pupil e.g. Educational Psychology Service, Social Services, Education Welfare Service, Youth Justice. Please include a risk assessment (gangs or community/social issues/behaviour issues/youth offending). Please give names and phone numbers of other professionals working with the pupil.

**Does the student have entitlement to Free School Meals? YES/NO**  
**(Please circle, delete or highlight as appropriate)**

**REFERRING PERSON****Name:****Signature:****Post title:****Telephone No.****School/Provision Address:*****Please attach: IMPORTANT***

Attendance Record

Last School Report

Latest IEP/PEP/PSP

Education Health Care Plan

Risk Assessment