**A logo with text on it

Description automatically generated**Student referral form

**Student information:**

|  |  |
| --- | --- |
| Student name: |  |
| Date of Birth: |  |
| Year group: |  |
| Gender: |  |
| Ethnicity: |  |
| Home Address: |  |

**Parent/carer details:**

|  |  |
| --- | --- |
| Parent/ Carer name: |  |
| Contact number: |  |
| Email address: |  |
| Students’ medical needs: |  |
| Students’ known allergies: |  |
| Students’ dietary requirements: |  |

**SEND details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Remarks** |
| Does the student have a Statement of SEN, EHCP or IPFA?  *Please forward this to office@lunarlearning.co.uk* |  |  |  |
| Does the student have a specific diagnosis eg ADHD, Dyslexia? *Please provide details of this* |  |  |  |
| Does the student have a Provision Map, IEP, PEP etc in place? *Please provide details* |  |  |  |
| Does the student have a risk assessment in place?  *(If yes, please forward this to* [*office@lunarlearning.co.uk*](mailto:office@lunarlearning.co.uk)*)* |  |  |  |
| Is the student likely to be a risk, either to him/herself or any other individual accessing the provision?  *(If yes, please give details)* |  |  |  |

**Does the child have agency involvement and/or fall under a vulnerable group?**

Please tick all relevant boxes below.

|  |  |
| --- | --- |
| **Agency** | **Tick with solid fill** |
| Social Services |  |
| ESW |  |
| Health (eg CAMHS) |  |
| YOT |  |
| LACES |  |
| Police |  |
| Early Help |  |
| Other *(Please specify)* |  |

|  |  |
| --- | --- |
| **Item** | **Tick with solid fill** |
| Child Looked After |  |
| Young Carer |  |
| Young Parent |  |
| Asylum Seeker |  |
| Young Offender |  |
| Traveller |  |
| School refuser |  |
| Other *(Please Specify)* |  |

**Prior Attainment**

Please give any prior grades for KS2 – KS4 and any up-to-date information regarding the student’s literacy and numeracy levels. Please provide any background information relating to barriers to learning or difficulties that may help in supporting the student.

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**Student interests, aptitudes and aspirations**

Please provide us with any details of hobbies or interests that the student may have that could help r

e-engage them into education or help the tutor build a positive relationship with the student. Please provide us with any details of career aspirations or future goals the student may have that we could help support with.

|  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | | |
| Name: |  | | |
| Position: |  | Date: |  |