

ACE

INTERIM PROVISION REFERRAL FORM

Please complete this form in full and email it together with any relevant documents to

support@aceo.org.uk

If you have any queries, please contact us on 020 3793 5302

Section A – School Details

| | | |
|----------------------------------|--|----------------------|
| Name of Referring School: | Name of School Local Authority: | |
| Main Contact Person: | Contact Number(s) | Contact email |
| Start Date of provision: | Number of days/weeks required: | |

Section B – Student Details

| | | |
|-----------------------------|--------------------------|-------------------|
| Forename of Child: | Surname of Child: | |
| Date of Birth: | Gender: | Ethnicity: |
| Year Group: | | |
| Home Address: | ULN/UPN: | |
| | Home Language: | |
| | Religion: | |
| Post code: | | |
| Reason For Referral: | | |

Section C – Parental/Carer Contact details

| | |
|---------------|-------------------------------|
| Title: | Relationship to Child: |
|---------------|-------------------------------|

| | |
|--|---------------------------|
| Forename: | Surname: |
| Telephone Number 1 | Telephone Number 2 |
| Address: Post code: | Email Address: |
| Emergency Contact Name and address: | Contact Numbers: |

Section D – Monitoring Information

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|--|--|
| Free School meals: Y/N | Is the child LAC? Y/N If yes please supply details: |
| Does the child have an EHCP? Y/N If yes, please send a copy with this application | |
| Does the child have any of the following: | |
| PSP Y/N | IEP Y/N |
| EP Y/N | PEP Y/N |
| If yes, please send copy with this application | |
| Medical information: | |
| GP Address: | Telephone Number: |

Section E – Academic Information

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|--------------------------------|--|
| Current Attendance rate | |
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|-------------------------------------|--------------------|----------------|--------------|----------------|--------------|
| Attainment Summary | Reading Age | English | Maths | Science | Other |
| Overall current performance: | | | | | |

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Section F – Behaviour Risk Assessment

| Assessing the risk to Health and Safety | High | Med | Low |
|---|-------------|------------|------------|
| Evidence of physical assault against peers | | | |
| Evidence of verbal assault towards peers | | | |
| Evidence of physical assault against adults/staff | | | |
| Evidence of verbal assault towards adults/staff | | | |
| Evidence of criminal activity | | | |
| Evidence of sexualized behaviour | | | |
| Evidence of bullying | | | |
| Evidence of arson/fire setting | | | |
| Evidence of vulnerability – self harm | | | |
| Punctuality/attendance concerns | | | |
| Concerns around educational attainment | | | |
| Evidence of alcohol/substance misuse | | | |
| Evidence around lesson disruption | | | |
| Evidence around peer group disruption | | | |
| Evidence of racism language/groups | | | |
| Evidence of homophobic language/groups | | | |
| Concerns around parental support | | | |
| Concerns around self-esteem | | | |
| Concerns around mental health | | | |

| | | | |
|-----------------------------------|--|--|--|
| | | | |
| Concerns around medical needs | | | |
| Concerns around social withdrawal | | | |
| Possession/use of weapons | | | |
| Leaving site without permission | | | |
| Gang involvement | | | |
| Any risk of violent behaviour | | | |