

RICARDS LODGE HIGH SCHOOL/RR6

**EDUCATIONAL INCLUSION INTERVENTION
REFERRAL FORM**

NAME OF REFERRER		DATE COMPLETED			PANEL DATE
Name of Student		Tutor Group	Date of Birth	Ethnic Origin	
Address of Family		Family background information			
Home telephone	mobile	Language of the family		FSM/PP	LAC
Achievement Data	English	Maths	Science	SEN level	
KS2				SEN information	
KS3					
KS4 (Predicted grades)					
KS5				Attendance	
Current level/grade				Punctuality	
Referral type – Please tick	Behaviour/Emotional/Social difficulties				
	Learning difficulties				
	Both				

Reasons for referral/ detailed description of need

What targets would you like to see achieved at the end of intervention?

(SMART TARGETS: Specific, measurable, achievable, realistic timed)

- 1.
- 2.
- 3.

Are the family aware of the referral?	YES		Date of contact	
Is the student aware of the referral?	YES			

Interventions already used – please tick				
Detention	SLT involvement	Letters home	Differentiated and personalised curriculum	
Report to tutor	Interview with student	Phone calls to family	Any other intervention	
Report to HoY	Interview with family	Mentoring by Year team		
Additional comments about interventions and impact				
What impact did it have ?				
Additional comments				
Signed			Date	
Panel Only				
Successful Referral		Unsuccessful Referral		
PLANNED INTERVENTIONS				
Provision Type	Frequency	Staff Involved	Start Date	End Date