

Pathways Referral Form



DATE OF REFERRAL:

REFERRING BODY:

ALL SECTIONS MUST BE COMPLETED (section 15 for KS4 students only)

1. Student Information:

First Name:

DOB:

Surname:

Gender:

Looked after child:

YES

NO

Ethnicity

Year Group:

Address:

Postcode:

2. Parent/Carer Contacts:

Name:

Name:

Relationship:

Relationship:

Tel:

Tel:

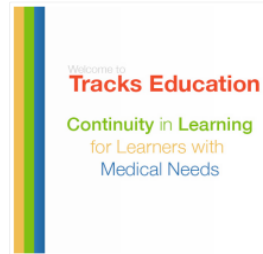
Email:

Email:

Address if different from above:

Address if different from above:

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3. School Details:

Name:			
Address:			Postcode:
School Contact:		Tel:	
Email:		Pupil Premium:	
FSM:		UPN:	

4. Referrer Details

Name:		Position:	
Address:			Postcode:
Establishment:		Tel:	
Email:			
Signed:		Date:	

5. CAMHS Details

Name of Worker:			
Email:		Tel:	

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6. SENCO - it is in the interest of your student to instigate the EHCP process prior to this referral

Name of Worker:

School:

Email: Tel:

Any other Agencies involved:

7. SEN

Does the student have an EHCP	Yes <input type="checkbox"/>	Current <input type="checkbox"/>	Currently in process <input type="checkbox"/>
Does the student have an EHCA:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Statement/EHCA was written:			
Date of JAM:			
Date of Review:			

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8. Chronology of present situation (this information is critical and should give a clear overview of the child's situation past and present)

9. Safeguarding

1. Previous:

2. Current:

10. Cognition and Learning

1. What can the young person do now?

2. What does the young person need to develop?

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11. Communication and interaction skills

1. What can the young person do now?

2. What does the young person need to develop?

12. Social, Emotional and Mental Health

1. What can the young person do now?

2. What does the young person need to develop?

13. Sensory and physical needs

1. What can the young person do now?

2. What do does the young person need to develop?

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14. Safety

Are there any safety issues for the tutor visiting the house?

Is there anything about the student/family's behaviour that the tutor needs to be aware of before visiting?

15. KS4 Students Only

Please list all exams entered for:

Exam	Examination Board

Have exam arrangements been discussed with the family?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Exam Officer:

Name:

Email Address:

Contact No:

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16. **Additional Information** – please provide any other information to support this referral:
(e.g. positive and negative triggers, coping strategies)

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Please note: ALL DOCUMENTATION MUST BE COMPLETED AND SENT WITH THE REFERRAL FORM

Check List for Referral:

Completed Application	<input type="checkbox"/>
School report	<input type="checkbox"/>
Medical report	<input type="checkbox"/>
Physical/Emotional	<input type="checkbox"/>
EHCP Status	<input type="checkbox"/>
Recent attainment information	<input type="checkbox"/>
Exam timetable	<input type="checkbox"/>
Care Treatment Plan	<input type="checkbox"/>

Please send all documentation to:

Home Tuition Team
TRACKS Education
21 Owlet Road
ShIPLEY
West Yorkshire
BD18 2LU
office@tracks-ed.org
Tel: 01274 582995