



ASPIRE ACADEMY

Alternative Provision for children and young people aged 4 – 16

COMMISSIONING / REFERRAL FORM

COMMISSIONER DETAILS	
Name of Commissioning/Referring organisation	
Contact details of Commissioner/Referrer Name and status of Commissioning/Referring person: Tel: Email: Link person who will be attending meetings throughout the duration of the provision:	
Date of referral: Have you discussed this referral with Aspire before submission? If so who?	
What is this duration of envisaged provision for the pupil? Can you confirm the date that this expected duration was discussed with parents?	1 term 2 terms 1 year
For Year 11 pupils only we offer a single roll. Do you wish for this pupil to come solely onto the roll of Aspire Academy?	YES / NO
Referrals require parental consent. You must ensure you have attached a signed parental consent form. WITHOUT PARENTAL SUPPORT WE WILL BE UNABLE TO PROCESS THIS APPLICATION	

REFERRED PUPIL DETAILS	
Name of referred pupil Surname: Forename: Address of pupil:	
Date of Birth:	
Year Group:	
Gender:	
Unique Pupil Number (UPN):	
Unique Learner Number (ULN):	
Ethnicity:	
Language spoken at home:	
Country of birth:	
Parent(s) / Carer(s) name(s) and address(es):	

Parent(s) / Carer(s) contact details: Tel: Email:	
If Parent(s) / Carer(s) live at separate addresses/have separate contact details, please supply and explain the parenting/care arrangements:	
If there are legal issues surrounding care/contact/access or anything else relevant which you are aware of, please specify:	
Any further information about parenting arrangements you are aware of? e.g. single parent (mother), pupil visits natural father once a fortnight	

MEDICAL AND ATTENDANCE	
Are there any Medical Conditions/Needs which Aspire Academy should be aware of? IF YES YOU MUST GIVE FULL DETAILS OF WHAT MEDICATION THE PUPIL REQUIRES	YES / NO
Attendance Data YOU MUST ATTACH A RECENT ATTENDANCE CERTIFICATE	Current attendance percentage:
Attendance concerns Are there any concerns regarding the pupils attendance – why? Is the EWO involved? Who?	
What is there current timetable of provision? How many hours are they onsite for – complete table	Mon- Tues- Weds- Thurs- Fri-

EDUCATION AND ADDITIONAL NEEDS	
Pupil Premium pupil: Why are they pupil premium?	YES / NO
Is the pupil monitored or seen to require SEND support/K? Why?	
Has this pupil got a One Plan?	YES/NO
Is this pupil in the process of EHCP assessment? Has an application been submitted? Is so what date was this/assigned statutory link person?	
EHCP pupil: What is the EHCP for/main need? How many hours/provison is assigned to the pupil? Who from the Statutory team is aware of this referral?	YES / NO
When was the pupils last annual review? YOU MUST INCLUDE THIS IN THE EVIDENCE FOR APPLICATION	
Looked After Pupil	YES / NO Responsible authority: Social worker: Contact details:

What agencies have been involved with this pupil? EHWBS CDC SALT YOT TYS EYPDAS VI TEAM LDD TEAM EP School nurse CAPI YCT/Counselling	YOU MUST INCLUDE ALL CONTACT DETAILS:
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FURTHER PUPIL INFORMATION	
Is there now, or has there ever been any involvement of Children's Social Care with this pupil or pupil's family? Or any concerns?	YES / NO Child in Need or child protection When? Who? Contact details (telephone numbers and emails):
Has there been any involvement with this pupil or pupil's family from statutory or non-statutory agencies (e.g. MST, Family Solutions, Family Mosaic, IAG)	YES / NO Contact details:
Has the pupil had involvement with the police? Received a criminal conviction or caution? If so when and what for.	

BEHAVIOURS	
Behaviour data <ul style="list-style-type: none"> - Behaviour points to date - How many exclusions? - What were the exclusions for? 	
Behaviour seen <ul style="list-style-type: none"> - What behaviours are typically seen when the pupil is in school? 	
Triggers for behaviour <ul style="list-style-type: none"> - What are the key triggers to the behaviours seen? 	
Health and safety <ul style="list-style-type: none"> - Has the pupil been known to abscond or leave site? - How and when? 	
Engaging with others in class <ul style="list-style-type: none"> - How well does the pupil cope with other pupils in a controlled setting? - What behaviours are observed? 	
Engaging with others in a social setting <ul style="list-style-type: none"> - How well does the pupil cope with other pupils in a social setting? - What behaviours are observed? 	

ACADEMIC DATA

Early Years Outcomes	
Areas of learning	Age band
Communication & language	
Literacy	
Mathematics	
Physical development	
Personal, social & emotional development	
Understanding the world	
Expressive arts and design	

Pupil Academic data (Primary)

KS1 Assessment Data	
Reading	
Writing	
Maths	
Speaking & Listening	
Phonics phase	
Phonics screening test score	

Current Assessment Data

Reading	
Writing	
Maths	
Science	
Speaking & Listening	

Pupil Academic data (Secondary)

Name of assessment	Year/date	Subject	Scores
	KS2	Maths	
	KS2	English	

Has the pupil previously accessed alternative provision?

When, who and was it successful?

FURTHER REFERRAL INFORMATION

Why have you made this referral?
What chain of events led to the decision to approach Aspire for a potential placement?

What three targets would you like to see the pupil work towards whilst they are at Aspire?

What are parent/carer views on the referral?

What are the views of the pupil on the referral?

BEFORE SUBMITTING THIS REFERRAL FORM YOU MUST COMPLETE APPENDICES A and B AND TICK THE SUBMISSION CHECKLIST

PLEASE RETURN THIS FORM PLUS APPENDICES AND ATTACHMENTS TO:

Kathryn Webb, Assistant Principal : office@aspire-academy.org

ANY HARD COPIES PLEASE SEND TO:

Referrals, Aspire Academy, Commonside Road, Harlow, Essex, CM18 7EZ

APPENDIX A

RISK ASSESSMENT

Assessing the risk to Health and Safety	Never	Occasionally	Frequently
Has the pupil been known to threaten other pupils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil been known to use sexually offensive or threatening language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil been known to assault another young person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil been known to threaten staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil been known to assault an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did any assault(s) lead to actual bodily harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the assault(s) use weapons/objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the assault(s) lead to medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any child or adult had time off as a result of assaults/threats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil been known to damage property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil committed any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any police involvement in previous incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil been known to do him/herself physical harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil had to be physically restrained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil made any allegations against members of staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the parent/guardian made any allegations against any members of staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil ever attended under the influence of drugs?			
Has the pupil ever attended under the influence of alcohol?			
Is the pupil a known smoker of tobacco or vapour pen?			

APPENDIX B

PREVIOUS STRATEGIES/INTERVENTIONS USED WITH THIS PUPIL

PLEASE EITHER TICK AS MANY ITEMS BELOW AS ARE RELEVANT,
OR ALTERNATIVELY SUPPLY YOUR OWN NARRATIVE LISTING OF
STRATEGIES/INTERVENTIONS USED ON THIS FORM,
OR ATTACH RELEVANT EXISTING DOCUMENTATION

Strategies – for example	Tried	Successful	Partially Successful	Not Successful
Target setting using: Support card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-monitoring card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher/TA recorded feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily mentoring with key worker checking targets, successes and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly review with HOY/Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent and regular contact with home and negotiated rewards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of information gathering, e.g. Boxall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting with staff to plan strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills/emotional literacy group work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Time Out card and Named Person and Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear boundaries and consequences discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Successes acknowledged and rewarded consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate and clear sanctions consistently applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alterations to timetable, e.g. changes of group/teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction/change in lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of LSU for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative programmes/providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Buddy in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Circle of Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Mentor (older student)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted intervention for learning support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IEP/Provision Mapping shared with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of whole school system, e.g. Analysis of tracking data from different lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strategies – for example	Tried	Successful	Partially Successful	Not Successful
Use of repair, restore and rebuild relationship after an incident/reintegration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of restorative justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training/support needs identified and planned for staff/TAs for meeting needs of SEN student. Discussed with SLT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE LISTING OF STRATEGIES/INTERVENTION USED

REFERRAL CHECKLIST

You must ensure that as many as possible of the following items are supplied/attached otherwise the referral may be delayed

Basic details	
Main referral form	<input type="checkbox"/>
Appendix A – Risk assessment sheet	<input type="checkbox"/>
Appendix B – Strategies/Interventions previously used	<input type="checkbox"/>

Baseline data	
Attendance record - This academic year - Last academic year	<input type="checkbox"/>
Record of Behaviour Data - Fixed term exclusions - Behaviour logs - Record of incidents	<input type="checkbox"/>
Academic data - Pupil academic data - External assessments - Internal assessment data - Latest academic reports	<input type="checkbox"/>
Work samples - English - Maths	
If this is a primary pupil we will require a completed Boxall profile. Please contact us if this is not possible so we can discuss it further.	

Additional need details	
Latest PSP, Structured conversation document or monitoring tool	<input type="checkbox"/>
Copy of One Plan and further reviews	
Copy of EHCP and latest annual review	<input type="checkbox"/>

Inclusion details	
Copy of any paperwork re Children's Social Care involvement	<input type="checkbox"/>
Copy of any relevant Looked After Child paperwork	<input type="checkbox"/>
Copy of any medical information	<input type="checkbox"/>
Copies of any paperwork from other involved statutory and/or non-statutory agencies	<input type="checkbox"/>