

Inclusion & Welfare Service Referral Checklist



Please note, incompleteness of this checklist will result in the return of the referral.

School:

Name of Pupil:

Date of birth

Year group:

Name Head of Year

Current attendance (%)

Please enclose the following documentation with each referral:

A fully completed Inclusion & Welfare Service referral form

A current registration certificate for this pupil

The previous academic year's registration certificate (if possible)

Copy of the School Action Plan Meeting

Copy of reasons for authorised absences

A minutes late report (if applicable)

Further information required:

Home visited?

Yes

No

Dates:

Have you applied for a penalty notice for this pupil during this academic year?

Yes

No

If no, give reason:

Has an Early Help Assessment been offered/completed?

Yes

No

Dates:

If an Early Help Assessment is in place, have TAF meetings been held?

Yes

No

Dates:

If there is no EHA completed, please give reasons for this:

Have you offered any internal support not mentioned on the referral (i.e. school based interventions) please give details:

If you have offered or there is any external support other than via an EHA in place please give details:

Is this pupil currently on a reduced/personalised timetable or attending an alternative provision if so please give details including start and end date:

Inclusion & Welfare Service Attendance Referral



School:

The Inclusion & Welfare Service accepts referral enquiries on the understanding that the referral to us has been discussed with parent/guardian/carer (and students where appropriate). A penalty notice should have been considered and the school should have followed their early help support plan prior to any request.

Please note this action below:

Student

Legal Name			Male	Female
Address				
Post Code	DOB	Year Group	Class	
Ethnic Origin	Language used at home			
G.P.	Other Agencies Involved			
(complete details overleaf)				
LAC ?	Yes	No		

SEN Stage:

None Additional Needs

SEN Support

Education & Health Care Plan

Last Review Date

Names of Parents/Carers/Guardians (living at home)

Surname	First/Given Name	Title	Relationship	Telephone Number
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Is an EAL Interpreter required? Yes No

Details of other significant adult(s) recorded on school records (not living at home address)

Surname	First/Given Name	Title	Relationship	Telephone Number
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Address	Post Code
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Surname	First/Given Name	Title	Relationship	Telephone Number
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Address	Post Code
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Evidence of School Action

Please tick action you have taken in an attempt to resolve the situation

Letter home (attach copies)

Telephone call (detail below)

Meeting with parents (detail below)

Other intervention (detail below)
(Please Specify)

Please state any known concerns to staff safety

Brief Summary of Intervention (use separate sheet if necessary - has an EHA been offered?)

Learning (remember to attach Attendance Certificate)

Progress, achievement, aspirations – are they progressing/developing age appropriately and having positive impact on others?

Links to other Agencies

Are there any other agencies involved who are supporting the parent/carer and/or child?

Please ensure they are aware of this referral.

Health

Physical, emotional and social development – is this young person physically and mentally healthy?

Parents & Carers

Family history, functioning and well-being – do they keep this young person safe from harm, do they provide emotional warmth and stability? Are both parents/carers kept up dated i.e notified of all absences and interventions?

Head teacher Signature

Name

Date

Contact Number

Communication following referral

Once a referral has been accepted, a court warning letter will be issued to each parent, the school will be responsible for sending your officer an updated attendance certificate at the three week point of monitoring. We would ask that you keep your allocated Officer informed of any meetings/actions taken by the school with the referred pupil as this may impact on our Case Management.

Inclusion & Welfare Service Use Only

Date referral first requested (if appropriate)

Date referral received