



Legal Intervention Referral Form

(Data is entered using a combination of free text or drop down menus).

(* Mandatory fields (requires completion))

Please tell us who you are:

* Name of Referrer:	<input type="text"/>
* Name of School Child attends:	<input type="text"/>
* Name of School Contact:	<input type="text"/>
* School Contact Email Address:	<input type="text"/>
* School Contact Telephone Number:	<input type="text"/>
* Which Local Authority does the School/Academy come under:	<input type="text"/>
* School / Academy / PRU etc.:	<input type="text"/>

About the Pupil

* UPN Number:	<input type="text"/>	* Year Group:	<input type="text"/>						
* Pupil First Name:	<input type="text"/>	* Pupil Last Name:	<input type="text"/>						
* Pupil Address:	<input type="text"/>	* Date of Birth:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Day</td><td>Month</td><td>Year</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Day	Month	Year							
* Post Code:	<input type="text"/>								
* Gender:	<input type="text"/>	If 'Other', please specify:	<input type="text"/>						
* Ethnicity:	<input type="text"/>	* Language used at home ?:	<input type="text"/>						
* Registered with CAMHs:	<input type="text"/>	* EHCP in place:	<input type="text"/>						
* Child Protection	<input type="text"/>	* Early Help:	<input type="text"/>						
* Child in Need	<input type="text"/>	* Parenting Contract in Place:	<input type="text"/>						
* Is there a SEND support provision plan?	<input type="text"/>								
* SEN / Disabilities / Vulnerabilities:									
(Please identify each using the drop boxes)	SEN (1)	SEN (2)	SEN (3)	SEN (4)	SEN (5)	SEN (6)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Use the area below to explain further e.g. support offered / put in place in school;

<input type="text"/>

Parental Responsibility

Parent/Carer 1 - To the best of my knowledge, the **parents(s) / carer(s) living at home** is:

* First Name:	<input type="text"/>	* Relationship:	<input type="text"/>
* Last Name:	<input type="text"/>	Email Address:	<input type="text"/>
* Contact Number:	<input type="text"/>		
* Parental Responsibility?	<input type="text"/>		

Parent/Carer 2 - To the best of my knowledge, the **parents(s) / carer(s) living at home** is:

* First Name:	<input type="text"/>	* Relationship:	<input type="text"/>
* Last Name:	<input type="text"/>	Email Address:	<input type="text"/>
* Contact Number:	<input type="text"/>		
* Parental Responsibility?	<input type="text"/>		

Parent/Carer - To the best of my knowledge, the **parents(s) / carer(s) not living at home** is:

* First Name:	<input type="text"/>	* Relationship:	<input type="text"/>
* Last Name:	<input type="text"/>	Email Address:	<input type="text"/>
* Contact Number:	<input type="text"/>		
* Address:	<input type="text"/>	* Post Code:	<input type="text"/>

Referral Details

* Are the parents / carer aware of the referral?	<input type="text"/>	* Are there any concerns over lone visits?	<input type="text"/>
* Are there any other Safeguarding Concerns that we should be aware of?	<input type="text"/>		
* Are there any other Concerns that we should be aware of?	<input type="text"/>		
* Has there ever been any allegations of bullying, recently or historically? (This includes in-school, off-site, social media, in the community, etc.).	<div>If Yes, how has the school addressed this, please explain below; <input type="text"/></div>		

- * Has there been any medical issues / conditions during the period of evidence or previously?
Or does the child have an underlying medical condition?

If Yes, has the school made a referral to the school nurse/other, please explain below;

- * Are there any other issues that we should be made aware of?

If yes, please provide details. e.g. behavioural, mental health problems, domestic abuse concerns etc.

School Intervention:

- * Have telephone calls been made to all parents/carers regarding attendance concerns?

Yes/No How Many?

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- * Have letters been sent to all parents/carers regarding attendance concerns in previous 12 School Weeks?

Yes/No How Many?

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- * Has the family been offered a School Attendance Review Meeting?

Yes/No How Many?

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- * Are you aware of any other meetings which have been held within school?

Yes/No

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If Yes, please explain who, why and the outcome of the meetings

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- * Have you had a discussion with Local Authority Special Education Needs Caseworker where appropriate?

Yes/No

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- * Caseworker First Name:

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- * Caseworker Last Name:

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- * Have you had a discussion with the Medical Needs Service where appropriated?

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If Yes, please explain detail of the outcome?

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- * Have you considered making a Child Protection referral to Childrens Social Care?

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Date referred to Social Care:

Day	Month	Year

- * Has Early Help been offered to the family, even if declined or ignored?

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Date referred to Early Help:

Day	Month	Year

- * Has the voice of the child been captured within the past 6 months? (This could be done via Section 6 of the Early Help Assessment form)

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Date voice captured:

Day	Month	Year

Count of communication actions school has taken in the last 12 weeks

- * # of Meetings in school:

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- * # of Letters home:

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- * # of Phone calls:

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- * # Of Home visits:

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- * Other Actions (incl. referrals to other agencies)

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* Summary of interventions

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* Learning - Academic Impact /
Attainment

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* Health - Physical, Social, Emotional
Development

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* Parents & Carers - Any other
significant family history:

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Supporting documentation

Please attach the below as PDF files within a compressed zip folder;

Attendance Certificate attached:

Attached?

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All letter to parents/carers regarding attendance:

Attached?

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Evidence of home visits & phone calls /including outcomes:

Attached?

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Other supporting documentation relating to this referral

Attached?

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Data Protection

The information submitted in this document was collected for the following purposes:

Reason of Attendance, Access & Inclusion Services

Walsall Council ensures any personal data collected will be retained securely for as long as necessary, and only used for legitimate Council activities to facilitate the delivery of Council services, or for the purpose of preventing and/or detecting fraud and/or crime, in accordance with the Data Protection Act 1998.

Submit Request for Referral

By submitting this form I hereby certify that the information given in this form is true and accurate to the best of my knowledge.

Referral made by:

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Referrer E-mail:

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Position / Title of referrer:

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Submission date:

Day	Month	Year