

**Virtual School Referral Passport**

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| **Request for Virtual School Service**  Please complete this document in conjunction with the “**Guidance for Virtual School Referral Passport**” document | | | | |
| Please tick which service from the Virtual School you are referring to: | Permanent Exclusion | | |  |
| Pupil Placement Panel | | |  |
| Alternative Provision | | |  |
| Inclusion Support | | |  |
| Medical Needs including pregnancy | | |  |
| **EXCLUSION INFORMATION** This must be completed for exclusions. | | | | |
| Date of first day of Exclusion: | |  | Reason for Exclusion: **Please also complete Appendix B** | |

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| Is a Risk Assessment required? Yes / No | If Risk Assessment completed please attach |

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| **Section 1: Learners details** | | | |
| Family Name |  | Forenames |  |
| Date of Birth |  | National curriculum year group |  |
| Gender |  | Home Language |  |
| Home Address |  | | |
| Postcode |  | Preferred Contact Number | Home |
| Parent / carer name |  | Mobile |
| Ethnicity |  | Religion |  |
| Educational / Learning Setting attended |  | Date of Admission |  |
| Is the child / young person a looked after child |  | Responsible local authority and name of Social Worker |  |
| Date last attended school |  | UPN |  |
| Pupil Premium |  | Date Passport Completed |  |
| Name & Designation of person completing form |  | | |

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| **Section 2: Referrer details** | | |
| Name |  | |
| Address |  | |
| Relationship to Learner |  | |
| Telephone | Landline: | Mobile: |
| Email |  | |
| Contact Person in  School / Setting |  | |
| Position |  | |
| Telephone | Landline: | Mobile: |
| Email |  | |
| School / Setting attendance  contact person |  | |
| Telephone | Landline: | Mobile |
| Email |  | |

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| **Section 3: Behaviour, barriers to learning and attendance** | |
| Behaviour concerns | Actions taken |
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| Barriers to learning | Actions taken |
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| Current attendance % (include any other relevant information e.g. illness, pattern of non-attendance) |  |

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| **Section 4: Evidence of SEN - if relevant** | | | |
| **Type of SEN** | **Categories of SEN** | **Primary Need**  (tick one only) | **Secondary Needs**  (tick all that apply) |
| Communication & Interaction | Speech, Language and Communication |  |  |
| Autism Spectrum Disorder |  |  |
| Cognition & Learning | Specific Learning Difficulties |  |  |
| Moderate Learning Difficulties |  |  |
| Severe Learning Difficulties |  |  |
| Profound and Multiple Learning Difficulties |  |  |
| Social, Mental & Emotional Health | Behavioural, Social and Emotional Difficulties |  |  |
| Sensory & Physical | Hearing Impairment |  |  |
| Visual Impairment |  |  |
| Multi-Sensory Impairment |  |  |
| Physical Disability |  |  |

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| **Section 5: Previous interventions and outcomes** | | | |
| **Action / Intervention** | **Timescale including review dates** | **Targeted outcome** | **Actual outcome** |
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| **Section 6: Details of involvement from other education professionals** | | | |
| **Dates From - To** | **Professionals details** | **Details of support provided** | **Did the support have any impact? Y/N** Please provide details |
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| **Section 7: Expected outcomes of Virtual School involvement** | | |
|  | **Planned outcome** | **Expected impact** |
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| **Section 8: Medical needs - if relevant** |
| Does the learner have any medical needs that should be taken into consideration? No  If **Yes**, please provide details |

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| **Section 9: Family information** |
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| **Section 10: Involvement of other agencies / Multi Agency Involvement** | | | | |
| **Agency** | **Name of lead professional** | **Contact details** | **Report attached** (Please **✓** or **✗**) | **Date of last review meeting  (if relevant)** |
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| **Section 11: Safeguarding Information** |
| Please outline any safeguarding concerns: |
| Is the learner: **Child in Need (CIN)** No **Child Protection**  No |

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| **Section 12: Academic attainment - FOR EOTAS REFERRALS ONLY**  **ACADEMIC ATTAINMENT** (as relevant to age of the learner) | | |
| SUBJECT INFORMATION  Please complete the table below and attach curriculum plans for current / next term | | |
| **KS 1 - 3 Writing** | **KS 1 - 3 Reading** | **KS 1 - 3 Mathematics** |
|  |  |  |
| **KS 4 English** | **KS 4 Science** | **KS 4 Mathematics** |
|  |  |  |
| Level Foundation / Higher | Level Foundation / Higher | Level Foundation / Higher |
| **NB:** Information about other subjects may also be requested at a later date | | |

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| **Section 13: Education and/or personal needs** |
| **What are the strengths that the learner demonstrates?** |
| **Background information outlining the nature of the learner’s needs** |
| **Strengths / preferred learning styles** (Please include any relevant information - what has worked well in school and what has not) |

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| **What hobbies, interests and aspirations does the learner have?** (eg career aims, membership of clubs, out of school interests, favourite subjects) |
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| **FEEDBACK AND / OR UPDATE TO SCHOOL / ALTERNATIVE PROVIDER** | | | |
| Feedback / Update Provided By: |  | Date: |  |

**Consent for information storage and information sharing.**

**It is best practice to have the consent of parents/carers to share information in the Information Passport and it is the recommendation of the Local Authority that schools make reasonable efforts to secure this consent and keep a record of these. In view of this, please ensure that this form is not submitted without a signature in either A or B.**

**A.** I understand that the information that is recorded on this form will be shared in order to provide inclusion services/alternative education services to the learner for whom I am:

**☐** A parent

**☐** A carer

**☐** Social Worker

I give my consent to the information being shared.

Parent / Carer / Social Worker

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| Signed |  | | |
| Name |  | Date |  |

**B.**  Despite our efforts to get a parent/carer to sign the above, we have not managed to secure a signature but we feel that it is in the best interests of the young person to be referred to alternative provision without the signature.

School representative

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| Signed |  | | |
| Name |  | Date |  |

**Please email this form as follows:**

**Permanent Exclusion:** [**exclusion@northumberland.gov.uk**](mailto:exclusion@northumberland.gov.uk)

**EOTAS:** [**eotashealth@northumberland.gov.uk**](mailto:eotas@northumberland.gov.uk)

**Inclusion Support Workers:** [**Inclusion@northumberland.gov.uk**](mailto:Inclusion@northumberland.gov.uk)

**Appendix A**

**Contact list to be sent with Pupil Passport when placing LAC in alternative provision**

Confidentiality and safeguarding are prominent factors when working with LAC. Please ensure that details including progress and attainment data of the young person are only shared with those listed below and that updates sent to Northumberland services only include the name and details of those young people placed by that service.

For young people who are LAC it is very important that in the event of any incident, disclosure or if the young person goes missing, the correct people are informed so that steps can be taken to ensure the matter is dealt with appropriately and in a timely manner.

Could you please ensure that the people listed below are informed immediately of any of the above. The contact marked with an \* is the priority contact.

Thank you

**Toni McGuire**

Team Manager

Virtual School Education Support Team (ESLAC)

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|  | **Name** | **Telephone Number** | **Email** |
| Young person |  |  | |
| Social Worker |  |  |  |
| Foster Carer |  |  |  |
| Home Manager / Key Worker |  |  |  |
| ESLAC |  |  |  |

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| **FURTHER INFORMATION:** |

**APPENDIX B TO BE COMPLETED FOR ALL PERMANENT EXCLUSIONS**

**Reason for exclusion - please tick the box which indicates the MAIN reason: additional reasons can be given in the letter to parents (also please attach copy of letter sent to parent regarding the exclusion and notifying them of their rights of representation and review and supporting documentation)**

NB: DfE guidance states that the categories below should cover the main reasons for exclusion. The ‘other’ category should be used sparingly and only for incidents not covered by the categories below. The descriptions in the final column are provided by DfE to help schools categorise their exclusions.

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| **Exclusion category** | **Enter tick** | **May include** (this column is for guidance - only need tick the general category e.g. **‘bullying’**, not the specific type of bullying) |
| Bullying |  | Verbal, physical, homophobic |
| Damage (includes damage to school or personal property) |  | Arson, graffiti, vandalism |
| Drug and alcohol related |  | (Unknown substance - please describe in text box the appearance of the substance e.g. white powder, tablet etc.) |
| Persistent disruptive behaviour |  | Challenging behaviour, disobedience, persistent violation of school rules |
| Physical assault against an ADULT |  | Obstruction and jostling, violent behaviour, wounding |
| Physical assault against a PUPIL |  | Fighting, obstruction and jostling, violent behaviour, wounding |
| Racist abuse |  | Derogatory racist statements, racist bullying, racist graffiti, racist taunting and harassment, searing that can be attributed to racist characteristics |
| Sexual misconduct |  | Lewd behaviour, sexual abuse, sexual assault, sexual bullying, sexual graffiti, sexual harassment |
| Theft |  | Selling and dealing in stolen property, stealing from local shops on a school outing, stealing personal property, stealing school property |
| Verbal abuse / threatening behaviour against an ADULT |  | Aggressive behaviour, carrying an offensive weapon, homophobic abuse or harassment, swearing, threatened violence, verbal intimidation |
| Verbal abuse / threatening behaviour against a PUPIL |  | Aggressive behaviour, carrying an offensive weapon, homophobic abuse or harassment, swearing, threatened violence, verbal intimidation |
| Other |  | None of the above - please ensure details are set out in the letter to parents |

**The local authority is required to provide full-time education from Day 6 of this permanent exclusion. It is therefore essential that all the information requested on this form is completed. If you have any problems with contact Virtual School admin on 01670 624181 or 01670 624187.**

**FOR OFFICE USE ONLY**

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| Learning Manager Name |  | LAC/CP/Cin N category |  |
| ISW Allocation |  | | |

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| Reason for referral: |

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| Re referral | YES |  | NO |  |  |
| Re referral approved | YES |  | NO |  | If **NO** date feedback given to referrer: |
| Further information (e.g. medical confirmation) requested | YES |  | NO |  | If **YES**(date): |
| Confirmation received (date) |  | | | | |

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|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Provision Required |  |  |  |  |  |
| AP Justification |  |  |  |  |  |
| Transport Required |  |  |  |  |  |
| ISW Support |  |  |  |  |  |

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|  | **Date** |  | **Date** |
| Referral recorded on Inclusion/EOTAS spreadsheet |  | Referral recorded on Inclusion/EOTAS Live Cases spreadsheet |  |
| Referral recorded on EMS - if relevant |  | Initial contact - Info Passport sent to school (EOTAS) |  |
| Folder created in New Referrals |  | Relevant Learning Manager notified of referral |  |
| Transport arrangements (if any) made |  | ICS checked |  |
| Social working informed where appropriate |  | MP added to SIMS database |  |
| Year 11’s only - Information e-mailed to Employability & Skills |  | Year 11’s / Tuition - Exam spreadsheet |  |
| For ISW deployment, information updated on ISW spreadsheet |  |  |  |