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| **Form 1: Jubilee Academy FULL TIME PLACEMENT Referral Form****(Key Stage 4: Years 9,10,11)** |
| This form is for use at Stage 2 of the of the Referral and Transition processPlease complete it and bring it with you when you attend the Jubilee Academy Referral Panel MeetingAfter The meeting, it will be used alongside all other available information to inform the decision about placement. We will notify you with a decision **within 48 hours of the meeting** |
| **Student Name** | **Year Group** | **CLA** | **Ethnicity** | **Religion** | **Pupil Premium** | **FSM** |
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| **Please indicate which of the lead criteria for admission the student meets:** | **Tick** |  | **Please indicate whether the student is displaying any of the following behaviours: (Continued)** | **Tick** |
| Increasing number of internal exclusions for persistent disruptive behaviour |  | Not talking |  |
| A Level of disengagement is placing the student at risk of fixed term exclusion |  | Hiding |  |
| Inability to cope effectively which is placing the student at risk of fixed term exclusion |  | Difficulty establishing friendships |  |
| Prolonged school absence, including for medicalreasons |  | Difficulty maintaining friendships |  |
| Insufficient or inconsistent attendance |  | Needs seclusion at lunch/break time |  |
| Unsuccessful managed move to another mainstream school |  | Highly irritable |  |
| Experiencing/has experienced recent bullying (mayinclude cyber-bullying) |  | Inattentive |  |
| Student has been exposed to CP issues: (Please Specify) |  | Impulsive |  |
| Student is vulnerable to, or at risk of, possible abuse: (please specify) |  | Anxious |  |
| Recent Family Crisis |  | Excessive fidgeting |  |
| Student is struggling to cope with the curriculum and organisation of the school due to additional needs |  | Highly disruptive |  |
| **Please indicate whether the student is displaying Tick any of the following behaviours:**Passive or extremely withdrawn Displaying anti-social behaviour Verbal assault including swearingThreats of physical harm to others | Throwing of objects |  |
| Shouting |  |
| Leaves classroom without permission |  |
| Attention seeking behaviour |  |
| Behaviour displayed across both the school and home setting |  |
| Smokes cigarettes |  |

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| Actual physical harm of others |  |
| Fighting |  |
| Bullying others |  |
| Victim of bullying |  |
| Willingness to damage resources/property |  |
| Oppositional behaviour (persistently refusing to follow reasonable requests) |  |
| Social isolation from peers |  |

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| **If the student is displaying/experiencing any of the****following you will need to contact us:** |
| Drug/alcohol misuse: (possible/definite) |
| Gang affiliation: (possible/definite) |
| Sexualised behaviour |
| In danger of exploitation |
| Victim of/concern regarding possibility of Female Genital Mutilation (FGM)/Forced Marriage |
| Exploring sexual/gender Identity |

**Please give a brief explanation of circumstances leading to referral for a RESPITE PLACEMENT at The Jubilee Academy:**

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| **Number of a) Internal exclusions and b) fixed term external exclusions with number of days/reasons:** *\*attach extra sheet if**necessary* |
| **Internal/****External?** | **Number****of days:** | **Reasons:** |
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| **To ensure curriculum continuity, including in teaching and learning please bring the following information:** |
| **The student’s current grades/levels** |
| English: | Maths: | Science: |
| **The student’s end of KS2 attainment levels** |
| English: | Maths: | Science: |
| **Student’s Strengths** | **Student’s Interests** | **Student’s Aspirations** |
|  |  |  |
| **Details of Special Educational Needs or disabilities** |
| K |  | SMPH |  | Low non-verbal reasoning |  |
| S |  | ODD |  | Other: please specify |  |
| ADHD |  | OCD |  |  |
| ASD |  | Low verbal reasoning |  | Provision Map Provided |  |
| CAMHS referral | YES | NO |
| Known to Social Services | YES | NO |
| CIN | YES | NO |
| CP | YES | NO |
| YOT | YES | NO |
| EIS | YES | NO |
| Other Agencies: (Please Specify) | YES | NO |
| **Social Worker + Contact Details:** | **Other Agency + Contact Details:** |
| **Referred by:** | **Role:** | **Signed:** |
| **Headteacher:** | **Signed:** | **Date:** |
| **Email Address of Home School Link Colleague:** | **Contact Number:** |



Where a place at The Jubilee Academy is offered, admission would be subject to the acceptance by the commissioner of the terms and conditions

contained within the contract between The Jubilee Academy and the commissioner for the placement of young people at The Jubilee Academy. The Commissioner confirms their acceptance of these terms and conditions, including relating to the payment of fees, by ticking this box

**Thank you for your support in advance.**