

Jubilee Academy RESPITE Referral Form						
Student Name	Year Group	CLA	Ethnicity	Religion	Pupil Premium	FSM
Parent/Carer Names and Phone Numbers:						
This form is used to book a RESPITE placement which is:					Half Term	One Term
KS3(Years 7, 8 & 9) Pre-Planned (<i>one-week lead in</i>)						
KS4(Years 9 & 10) Pre-Planned (<i>one-week lead in</i>)						
KS3(Years 7, 8, 9) Emergency (<i>48-hour lead in</i>)						
KS4(Years 9 & 10) Emergency (<i>48-hour lead in</i>)						
Please email the completed form, SIMS behaviour and attendance log, most recent school report, plus any agency/school plans in place to support the student e.g. PSP, EP Report To j.kavanagh@thejubileeacademy.org.uk						
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 medical reasons			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 (may include 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			
			Throwing of objects			
			Shouting			
			Leaves classroom without permission			
			Attention seeking behaviour			
			Behaviour displayed across both the school and home setting			
			Smokes cigarettes			
Please indicate whether the student is displaying any of the following behaviours:		Tick	If the student is displaying/experiencing any of the following you will need to contact us:			
Passive or extremely withdrawn			Drug/alcohol misuse: (possible/definite)			
Displaying anti-social behaviour			Gang affiliation: (possible/definite)			
Verbal assault including swearing			Sexualised behaviour			
Threats of physical harm to others			In danger of exploitation			
Actual physical harm of others			Victim of/concern regarding possibility of Female Genital Mutilation (FGM)/Forced Marriage			
Fighting			Exploring sexual/gender Identity			
Bullying others						
Victim of bullying						
Willingness to damage resources/property						
Oppositional behaviour (persistently refusing to follow reasonable requests)						
Social isolation from peers						

Please give a brief explanation of circumstances leading to referral for a RESPITE PLACEMENT at The Jubilee Academy:									
Number of a) Internal exclusions and b) fixed term external exclusions with number of days/reasons: <i>*attach extra sheet if necessary</i>									
Internal/ External?	Number of days:	Reasons:							
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			
Home School Targets For Respite Student's Placement									
Please set 3 targets which the student needs to achieve during the RESPITE placement									
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:				
Headteacher/Deputy Head Signature On Behalf of Parent to Signify Parental Consent/Involvement:									
Headteacher/Deputy Head:					Signed:		Date:		
Email Address of Home School Link Colleague:							Contact Number:		

Please Tick

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.