



**Bishopton Pupil Referral Form**

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| --- |
| **Pupil Name:** |
|  |
| **School:** |
|  |
| **Date:** |
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| **Please complete electronically**  **Bishopton PRU**  Marsh House Avenue  Billingham  Stockton-on-Tees  TS23 3HB  **Telephone:** 01642 566369  Please speak to Mrs Laura Hall regarding referrals  **Email completed forms to:** [**l.hall@bishopton.tvc.ac.uk**](mailto:l.hall@bishopton.tvc.ac.uk) |









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| **PUPIL INFORMATION PASSPORT (P.I.P)**  **PEX Referral Form** | | | | | | | | | | | | | | | | | | | | | |
| **Please read and sign the following:** | | | | | | | | | | | | | | | | | | | | | |
| **I declare that I the undersigned have provided the information requested and that the information provided is accurate. I understand that it is essential for Bishopton PRU to have pertinent information to ensure the quality of learning, care and safety for the pupil and that it is my responsibility to complete the following referral form in full.** | | | | | | | | | | | | | | | | | | | | | |
| Head Teacher Signature: | | | | | | | | | | | | | | | | | | | | | |
| Printed Name: | | | | | | | | | | Date: | | | | | | | | | | | |
| ***All data provided will be held in strictest confidence under the provisions of the Data Protection Act and will only be divulged to other education agencies with the approval of the County Chief Education Officer or authorised personnel.*** | | | | | | | | | | | | | | | | | | | | | |
| **Please indicate/highlight below what service you require:** | | | | | | | | | | | | | | | | | | | | | |
| KS3 PEX | | | | | | | | KS4 PEX | | | | | | | | | | | | | |
| **THIS SECTION IS FOR BASIC INFORMATION REGARDING THE CHILD/YOUNG PERSON** | | | | | | | | | | | | | | | | | | | | | |
| Child’s legal forename: | | |  | | | | | | | Child’s legal surname: | | | | | |  | | | | | |
| Preferred forename: | | |  | | | | | | | Preferred surname: | | | | | |  | | | | | |
| Date of Birth: | | |  | | | | | | | Gender: | | | | | |  | | | | | |
| Address of child: | | |  | | | | | | | | | | | | | | | | | | |
| School: | | |  | | | | | | | Year Group: | | | | | |  | | | | | |
| School Key person | | |  | | | | | | | Telephone: | | | | | |  | | | | | |
| Email Address: | | |  | | | | | | | | | | | | | | | | | | |
| UPN: | | |  | | | | | | | ULN: | | | | | |  | | | | | |
| **THIS SECTION IS FOR PARENTS/CARERS INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| 1st Parent/Carer Title: | | |  | | | | | | | Parent/Carer’s relationship to child/young person: | | | | | |  | | | | | |
| Parent/Carer’s full name: | | |  | | | | | | | | | | | | | | | | | | |
| Parent/Carer’s full address including postcode: | | |  | | | | | | | | | | | | | | | | | | |
| Mobile number: | | |  | | | | | | | Home number: | | | | | |  | | | | | |
| Work number: | | |  | | | | | | | Work mobile: | | | | | |  | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | |
| Do they have full parental responsibility? | | | YES/NO | | | | | | | Are they a priority contact? | | | | | | YES/NO | | | | | |
| Are there any legal orders in place? | | | YES/NO | | | | | | | Are they a member of Her Majesty’s Armed Forces? | | | | | | YES/NO | | | | | |
| If employed, are they a key worker in their job role? | | | YES/NO | | | | | | | Job title: | | | | | |  | | | | | |
| 2nd Parent/Carer Title: | | |  | | | | | | | Parent/Carer’s relationship to child/young person: | | | | | |  | | | | | |
| Parent/Carer’s full name: | | |  | | | | | | | | | | | | | | | | | | |
| Parent/Carer’s full address including postcode: | | |  | | | | | | | | | | | | | | | | | | |
| Mobile number: | | |  | | | | | | | Home number: | | | | | |  | | | | | |
| Work number: | | |  | | | | | | | Work mobile: | | | | | |  | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | |
| Do they have full parental responsibility? | | | YES/NO | | | | | | | Are they a priority contact? | | | | | | YES/NO | | | | | |
| Are there any legal orders in place? | | | YES/NO | | | | | | | Are they a member of Her Majesty’s Armed Forces? | | | | | | YES/NO | | | | | |
| If employed, are they a key worker in their job role? | | | YES/NO | | | | | | | Job title: | | | | | |  | | | | | |
| **THIS SECTION IS INFORMATION REGARDING THE PUPIL’S BACKGROUND**  *Please note that these are mandatory fields on our database.* | | | | | | | | | | | | | | | | | | | | | |
| Ethnic Origin: | | |  | | | | | | | | | | | | | | | | | | |
| First Language: (used at birth) | | |  | | | | | | | | | | | | | | | | | | |
| Home Language: (used mainly at home now) | | |  | | | | | | | | | | | | | | | | | | |
| Country of birth: | | |  | | | | | | | | | | | | | | | | | | |
| Nationality: | | |  | | | | | | | | | | | | | | | | | | |
| Religion: | | |  | | | | | | | | | | | | | | | | | | |
| Gypsy/Roma/Traveller background: | | | YES/NO | | | | | | | | | | | | | | | | | | |
| Is the child/young person a Young Carer? | | | YES/NO | | | | | | | | | | | | | | | | | | |
| Travel Arrangements: | | | Bicycle | | | | | | | Taxi | | | | | | Walk | | | | | |
| Car | | | | | | | Train | | | | | | Other | | | | | |
| Is the child/young person entitled to Free School Meals? | | | YES/NO | | | | | | | | | | | | | | | | | | |
| Is the child/young person Pupil Premium | | | YES/NO | | | | | | | | | | | | | | | | | | |
| Does the child/young person have Special Educational Needs? (please circle) | | | N = No Special Educational Needs | | | | | | | K = SEN Support | | | | | | EHCP = Educational Healthcare Plan | | | | | |
| ***\*EHCP or evidence of SEN Support must be included with this referral.*** | | | | | | | | | | | | | | | | | | | | | |
| SEN Need | | | Cognition & Learning | | | SEMH | | | | | | Communication & Interaction | | | | | | | Sensory and/or Physical | | |
| SEN Applications | | | High Needs Funding  Date:  Outcome:  Banding: | | | | | | | | | | EHC Assessment Application  Date:  Outcome: | | | | | | | | |
| Is the child? | | | CioC\* | | | | | | | CP | | | | | | CiN | | | | | |
| ***\*If the child is CioC part A of the pupil’s PEP must be included along with this referral.*** | | | | | | | | | | | | | | | | | | | | | |
| Other vulnerability groups: | | | Armed Forces | | | | FSM | | | | | | VEMPT | | | | | | | EVER 6 | |
| **THIS SECTION RELATES OTHER AGENCIES INVOLVED WITH THE CHILD/YOUN PERSON** | | | | | | | | | | | | | | | | | | | | | |
| **Agency:** | **Yes – reason why** | | | | | | **No** | | | | | | | | **Contact Details:** | | | | | | |
| Educational Psychologist |  | | | | | |  | | | | | | | |  | | | | | | |
| Behaviour Team |  | | | | | |  | | | | | | | |  | | | | | | |
| Specialist Learning Teacher |  | | | | | |  | | | | | | | |  | | | | | | |
| Inclusion Officer |  | | | | | |  | | | | | | | |  | | | | | | |
| Health & Social Care |  | | | | | |  | | | | | | | |  | | | | | | |
| CAMHS |  | | | | | |  | | | | | | | |  | | | | | | |
| Preventions Team |  | | | | | |  | | | | | | | |  | | | | | | |
| Youth Offending Team |  | | | | | |  | | | | | | | |  | | | | | | |
| Virtual School/LACE |  | | | | | |  | | | | | | | |  | | | | | | |
| Police/Anti-Social Behaviour Team |  | | | | | |  | | | | | | | |  | | | | | | |
| Youth Direction |  | | | | | |  | | | | | | | |  | | | | | | |
| GP |  | | | | | |  | | | | | | | |  | | | | | | |
| Historical agency involvement |  | | | | | |  | | | | | | | |  | | | | | | |
| Other (please tell us anything else that hasn’t been mentioned above that you feel is important for us to know) | | | | | | | | | | | | | | | | | | | | | |
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| **HEALTH** | | | | | | | | | | | | | | | | | | | | | |
| This section relates to any medical/health issues. | | | | | | | | | | | | | | | | | | | | | |
| Does the pupil have any medical conditions: | | | | | | | | | | | | | | | | | | | | | |
| Medication taken:  Dosage:  Will the medicine need to be administered at school: | | | | | | | | | | | | | | | | | | | | | |
| Further information about the pupils condition (include triggers or possible factors which may affect the pupils education): | | | | | | | | | | | | | | | | | | | | | |
| **SAFEGUARDING** | | | | | | | | | | | | | | | | | | | | | |
| This section relates to all concerns, historical and ongoing safeguarding concerns and incidents. Include dates and timelines where necessary | | | | | | | | | | | | | | | | | | | | | |
| School safeguarding Officer:  Contact details: | | | | | | | | | | | | | | | | | | | | | |
| Ongoing incidents: | | | | | | | | | | | | | | | | | | | | | |
| Concerns: | | | | | | | | | | | | | | | | | | | | | |
| Historical events: | | | | | | | | | | | | | | | | | | | | | |
| **THIS SECTION RELATES TO ACADEMIC INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Previous school history (Primary & Secondary) | | | | | | | | | | | | | | | | | | | | | |
| Name of school | | From | | | To | | | | | Reason for leaving | | | | | | | | | | | |
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| Academic Attainment | |  | | | Reading | | | | | Writing | | | | | English | | Maths | | | | Science |
| End of KS2 Attainment | | |  | | | | |  | | | | |  | |  | | | |  |
| End of KS 3 if applicable | | |  | | | | |  | | | | |  | |  | | | |  |
| Current Attainment | | |  | | | | |  | | | | |  | |  | | | |  |
| Current Reading Age | | |  | | | | | | | | | | | | | | | | |
| Other subjects/options | | Subject | | Current Grade | | | | | | | | | | | | | | | | | |
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| National Curriculum  subjects | | Subjects Strengths | | | | | | | | | Subject Weaknesses | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
| Learning or Cognitive concerns | |  | | | | | | | | | | | | | | | | | | | |
| Attitude towards learning | |  | | | | | | | | | | | | | | | | | | | |
| Identified Learning Difficulties (please highlight) | | Dyslexia | | | ADHD | | | | | | ADD | | | | | | | Sp&L | | | |
| ASC | | | Dyspraxia | | | | | | ODD | | | | | | | Other | | | |
| Date of  Diagnosis: | | |  | | | | | | | | | | | | | | | | |
| Professionals Involved: | | |  | | | | | | | | | | | | | | | | |
| Comments: | | |  | | | | | | | | | | | | | | | | |
| Positive Aspects of Behaviour (please highlight) | | Accepts advice | | | Attendance | | | | | | Concentrates | | | | | | | Co-operates | | | |
| Helpful | | | Honest | | | | | | Kind | | | | | | | Mature | | | |
| Polite | | | Punctual | | | | | | Reliable | | | | | | | Stays on task | | | |
| Comments: | | |  | | | | | | | | | | | | | | | | |
| Concerns Regarding Behaviour (please highlight) | | Attendance | | | Attitude | | | | | | Inappropriate Language | | | | | | | Confrontation | | | |
| Disrespect | | | Disruption | | | | | | Verbal Aggression | | | | | | | Bullying | | | |
| Refusal | | | Self-harm | | | | | | Physical Aggression | | | | | | | Other | | | |
| Comments: | | |  | | | | | | | | | | | | | | | | |
| Relationship dynamics between pupil and Staff | |  | | | | | | | | | | | | | | | | | | | |
| Relationship dynamics between pupil and Peers | |  | | | | | | | | | | | | | | | | | | | |
| **THIS SECTION RELATES TO ATTENDANCE**  **(Attach the pupil’s attendance certificate to this referral)** | | | | | | | | | | | | | | | | | | | | | |
| Possible Attendance: | |  | | | | | | | | | | | | | | | | | | | |
| Actual Attendance: | |  | | | | | | | | | | | | | | | | | | | |
| Attendance Officer Involvement? | | YES | | | | | | | | | | | | NO | | | | | | | |
| Please give details of current timetable(e.g hours in education and offer) | |  | | | | | | | | | | | | | | | | | | | |
| **THIS SECTION RELATES TO INTEX/FTEX INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Date | | Duration | | | | | | | INTEX/FTEX | | | | | | | Reason & Outcome | | | | | |
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| **THIS SECTION RELATES TO SCHOOL IMPLEMENTED STRATEGIES** | | | | | | | | | | | | | | | | | | | | | |
| Please identify the following strategies that have been employed by the school and provide detail about any actions, advice, names of key staff involved and outcomes of the strategy used. | | | | | | | | | | | | | | | | | | | | | |
| Involvement of parent/carers | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Change of teaching sets | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Curriculum alternatives | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| LSU Support | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Allocation of key worker/learning mentor | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Assessment of SEN | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Individual Behaviour Plan or Provision Map | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Advice from an Educational Psychologist | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Internal Exclusion | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Addition support from Teaching Assistant | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| 1:1 Sessions – supporting learning | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| 1:1 sessions – Pastoral support | | | |  | | | | | | | | | | |  | | | | | | |
| Smaller groups | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Parenting Contract | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Managed Move | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Differentiation in classroom | | | | YES/NO | | | | | | | | | | | Outcome: | | | | | | |
| Other | | | |  | | | | | | | | | | | | | | | | | |
| **THIS SECTION RELATES TO SCHOOLS VIEW ON THE CHILD** | | | | | | | | | | | | | | | | | | | | | |
| Please give an overview of the pupil and their family background. Please include family dynamics and peer relationships at school and in the community. | | | | | | | | | | | | | | | | | | | | | |
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| Does pupil require physical intervention? Please give overview |
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Please attach any risk assessments

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| **Behaviour Information** | | | | | | |
| Please indicate if pupil presents a danger to – | | | | | | |
| Peers | | Staff | Building | Property | | Animals |
|  | |  |  |  | |  |
| **Recent Significant Incidents** | | | | | | |
| Date | Incident | | | | Actions/Outcome | |
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| **Barriers to Learning** | | | | | | |
| Which behaviours presented by the pupil do you find the most difficult to deal with and would like to change as a priority? | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| Are there any particular subject areas or times of the day/week that the learner finds difficult? Have any patterns of behaviour been identified such as interactions with peers or adults, any events or dates which may have a significant contribution to the pupil. | | | | | | |
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| **Behaviour/**  **Actions** Please complete the table with detailed, accurate and factual information as possible. | **A1** | **A2** | **SP1** | **SP2** | **SU1** | **SU2** | **`**  **Details** |
| Disruption |  |  |  |  |  |  |  |
| Vandalism/damage to property |  |  |  |  |  |  |  |
| Bullying |  |  |  |  |  |  |  |
| Fighting |  |  |  |  |  |  |  |
| Violence/aggression |  |  |  |  |  |  |  |
| Absconding from school or placement |  |  |  |  |  |  |  |
| Substance misuse |  |  |  |  |  |  |  |
| Alcohol misuse |  |  |  |  |  |  |  |
| Threats & invective |  |  |  |  |  |  |  |
| Impulsive/risky behaviour |  |  |  |  |  |  |  |
| Self-harm |  |  |  |  |  |  |  |
| Discriminatory behaviour |  |  |  |  |  |  |  |
| Inappropriate sexual behaviour |  |  |  |  |  |  |  |
| Medically related behaviour |  |  |  |  |  |  |  |
| Withdrawal |  |  |  |  |  |  |  |
| Offending behaviour |  |  |  |  |  |  |  |
| Carrying and/or using weapons |  |  |  |  |  |  |  |
| Becoming radicalised or hold extremist views |  |  |  |  |  |  |  |
| Can you foresee any issues in a vehicle? |  |  |  |  |  |  |  |
| Making allegations against staff? |  |  |  |  |  |  |  |
| Positive Peer Relationships |  |  |  |  |  |  |  |
| Positive Staff Relationships |  |  |  |  |  |  |  |

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| Agencies Involved? |  |
| Any other comments- |  |

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| **Strategies Used** | | | | | | | | | |
| Counselling: |  | Key staff 1\_1: |  | Time Out: |  | Anti-bullying co-ordinator involvement: |  | Thrive Assessment: |  |
| Parent/Carer  Meetings: |  | Detentions: |  | Safeguarding  involvement: |  | Timetable changes: |  | Therapy Dogs: |  |
| Attendance Officer Involvement: |  | Referrals Made: |  | Seen by E.P/ follow up from EP report: |  | TRACK System: |  | FTE: |  |
| Home Visits: |  | Group Change: |  | Maths Intervention: |  | English Intervention: |  | Pastoral Intervention: |  |
| Other: |  | | | | | | | | |
| If any ticked please add detail here: | | | | | | | | | |

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| **Preferred Supportive Strategies:** | | | |
| Verbal advice & support |  | Supportive touch |  |
| Reassurance |  | Planned ignoring |  |
| Clear consequences |  | Removing the audience |  |
| Time out |  | Fresh face |  |
| Humour |  | Choices |  |
| Negotiation |  | Space given |  |
| Simple listening |  | Take up time |  |
| Success reminder |  | 3 part assertive message |  |
| Distraction (key words/objects/likes) |  | Acknowledgement |  |
| **Preferred Handling Strategies:** | | | |
| Guide and escort |  | Double elbow |  |
| Friendly Hold |  | Half shield |  |
| Single elbow |  |  |  |
| Figure of Four |  |  |  |
| **Any medical conditions to be taken into account before using Physical interventions?** | | | |
| **Preferred de-briefing process and after-care provision following an incident:**   * Behaviours, actions and consequences to be logged on CPOMS. * Parent/carer informed of behaviours. * If necessary, bound and numbered book to be complete, and parent/carer informed about physical intervention. * If necessary, reflection room log to be complete. * If necessary, a pupil incident reflection form to be complete. * If necessary, mediation between individual and pupil/staff to be complete. | | | |

***Please complete if appropriate:***

**This gives us a brief idea that if this student goes into crisis, what Bishopton should be prepared for. How the escalation begins, with triggers then the crisis phase. This will later then lead to the recovery and post crisis depression phase.**

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| STAGE SIX – THE POST CRISIS DEPRESSION PHASE |
| STAGE FIVE – RECOVER PHASE |
| STAGE FOUR – THE CRISIS PHASE |
| STAGE THREE – THE ESCALATION STAGE |
| STAGE TWO – TRIGGER PHASE |
| STAGE ONE of the AROUSAL CYCLE |