



## Building a future for our pupils

For the referral to be considered all boxes must be completed. Record "none" in boxes which don't apply **FAILURE TO FULLY DISCLOSE ALL INFORMATION AND RISKS COULD DELAY OR TERMINATE THE PLACEMENT.** All referral forms must be sent to Meadows School, Wardle Road, Wardle, Rochdale OL12 9EN

PARTICIPANT'S DETAILS				
Name:	Date of birth:	Year group	Gender: (M/F)	Ethnicity
Contact address:				
Tel: (home)		Email address:		
Tel: (mobile)				
Emergency contact:		Emergency Tel:		

PROVIDER DETAILS		
Name of Provider:	Name of Corporate parent/Social Worker if applicable.	Date of referral to provider:
Name of Authority	Invoice details:	Term of Invoice requested:

Have Agency/home conducted a site visit or is this planned?	<b>Conducted?</b>	<b>Planned?</b>	<b>Other? Briefly state reason</b>
Has standard of Education package been agreed? Please indicate below package agreed.	<b>Yes/No</b>	<b>Planned?</b>	<b>Other? Briefly state reason</b>
A. Standard teaching and learning @ ratio 4:1 (low risk) = £895pw x 52 = £46,540			
B. Additional 1:1 support required (med/high risk) = £895pw + £462pw x 52 = £70,564			

**MARK with an X**

Risk or concern	YES x	No x	If Yes - In brief please enter related Detail <i>(If yes to any of below then option B teaching package will be required)</i>
<b>EHCP in place</b>			(If yes please attach a copy. If <b>no</b> please indicate if a graduated application is required, please note this will incur additional costing)
<b>Any known allergy risk</b>			
<b>Is the participant taking medication</b>			
<b>Diagnosed conditions</b>			
<b>Any known risk to self</b>			
<b>Any known risk to staff</b>			
<b>Any behavioural, attitude and motivation issues</b>			
<b>Any other personal risk or concern e.g. absconding, cse, cce</b>			
<b>Consent for marketing materials e.g Photographs /websites/newspapers etc</b>			
<b>Have Travel arrangements to and from ARC, PE, HUB, been agreed between Participant and School/school/agency</b>			



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SUMMARY OF Pupil'S DETAILS	
Does the pupil have EHCP Y/N (If yes please attach the plan and the referral must be made to school/agency in the first instance)	
Please comment on the expected Key Stage 4 target achievement for this participant in: Maths English  Examining board	
UCI (Unique Candidate Number)	
ULN (Unique Learner Number)	
Safeguarding information e.g. Child protection, CAF, LAC :	
Social and behavioural development:	
Family and environmental factors:	
Any additional information e..g school/agency involvement such as YOS:	
Who will be the pupil's main contact for support who will monitor progress whilst they are at Meadows school?	
Name: Diane Pyatt    Email: dianepyatt@meadowscare.co.uk    Contact telephone number: 01706 630022	
<b>Referrer signature:</b>	Date:
<b>Print name:</b>	Job Title:

Enclosed Checklist	Yes/No
EHCP document	
Educational/Clinical Psychologist report	
Updated school report	
Positive behaviour report.	
Attendance report.	
Updated PEP report.	
Most recent LAC report.	
Cognitive Assessment reports	
<i>If no, please indicate below when documentation will be sent and method of sending:</i>	