

 **Wolverhampton Inclusion Support Service**

**Referral Form**

Wolverhampton Inclusion Support Service offers a range of specialist support and advice to mainstream schools for pupils who may be at risk of exclusion.

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| **Date referral made:** |  |

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| **School Details** |
| **School / Setting:** |
| **Address:** |
| **Postcode:** | **Telephone No:** |
| **Head teacher:** | **SENDCo:** |
| **DSL name:** | **DSL Tel:** | **DSL email:** |

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| **Your Details** |
| **Name of person making referral:** |
| **Email:** |
| **Telephone No:** | **Relationship to child** *(e.g. form tutor / teacher etc.)* |

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| **Pupil Details** |
| **Name:** |
| **Date of Birth:** | **Gender:**  | **Year:** |
| **Name of Parents:** |
| **Address:** |
| **Contact Telephone numbers:** |
| **Is there SEN Support/EHCP in place?** *(Please give details.)* |
| **Any specific / clinical diagnosis** *(Please attach copies of any relevant reports)* |
| **Other Involved Agencies / Professionals** |
| **Name** | **Role** | **Telephone** | **Email** |
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| **Details of attainment / progress** *(P-scales / ELGs / AREs or other)* |
| **Levels of support** (e.g. 1-1 / small group / No. hours support) |
| **Details of Previous Exclusions**  |
| **Has an Exclusion Prevention Meeting taken place? Please give details.**  |

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| **Main reason for referral:** |
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| **What support would you like from the Inclusion Support Service?**  |
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| **I can confirm that parental permission has been obtained for this referral.** |
| **Signature:** | **Date:** |
| **Head Teacher signature:** | **Date:** |
| **SENDCo signature:** | **Date:** |

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| **Please Return this form to:** |
| Contact us:Inclusion Support Service Tel: 01902 550621**Attendanceand.Exclusions@wolverhampton.gov.uk** |  |

*Thank you. A member of the team will be in contact as soon as possible.*