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**Managed Move Referral Form**

 Date:

**Pupil details:**

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| Student Name:  | Year Group:  |
| DOB:  | Address:  |

**School details:**

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| --- | --- |
| **Home school name:**  | **Host school name:**  |
| School contact name leading on Managed Move referral:  | School contact name leading on Managed Move referral:  |
| Email address:  | Email address:  |

**Reasons for referral**

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| --- | --- | --- | --- |
| **Is the Student:** | **Yes** | **No** | **Comments:** |
| At risk of exclusion |  |  |  |
| Experiencing emotional related school avoidance  |  |  |  |
| Medically vulnerable |  |  |  |
| Other |  |  |  |

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| **List below all agencies and services working with the young person and/or family** **Please provide full details and contact names/numbers**  |
| **Service Name** e.g. CAMHS/Early Help/Social Care  | **Details of support**  | **Lead professionals name**  |
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| **Behavioural or other concerns** *including frequency, severity, and duration. Please attach Behaviour Log and/or Personal Support Plan as appropriate.* **Suspension details:** **Attendance details:**  |

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| **Pupil Profile** *Strengths:* *What is currently working well for the child?* *What is not working so well for the child?* |

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| **Plans & reports**  | **Please indicate Y/N and include the documents when sending the referral to the host school** |
| Personal Support Plan, Individual Behaviour Plan or Behaviour Support Plan  |  |
| Attendance Sheet |  |
| Behaviour Chronology |  |
| Academic levels/reports  |  |
| Relevant safeguarding information  |  |

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| **Additional Information** *(eg home life and family background; relationships in school; community issues etc):* |

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| **Evaluation of impact of interventions to date** *(including any additional barriers and/ or adjustments made to the original plan)***:**  |

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| **Pupil aspirations:** **Parent views:**  |

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| **Parent/Carer Contact Details** |
| 1. **Parent/Carer Name:**
 | 1. **Parent/Carer Name:**
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| Number:  | Number:  |
| Email address:  | Email address:  |
| Address (if different to pupil): | Address (if different to pupil): |

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| **SUBJECT/EXAM BOARD****(Must be completed for KS4 pupils)**  | **LEVEL** | **PREDICTED GRADE** | **ATTITUDE TOWARDS SUBJECT** |
|  |  |  |  |

*Please send a copy of this referral form and the potential receiving schools response to RBWM’s Inclusion & Access Manager to record the managed move on the centralised database.*