

REFERRAL TO BARNSELEY EOTAS SERVICE

Referrals can ONLY be made by Pastoral Leads, SLT and the Headteacher of the referring school

REASON FOR REFERRAL	
Medical—physical	
Medical - mental health	
School Aged Mother	
SEN including SEMH	
Other (please specify)	

Administration only			
Referral reference number		TAC/CIN review date	
Date received		Tutor	
Initial Admin Check		Tuition Hours	
Co-ordinator analysis check		Date of closure	
Referral accepted / returned		If returned, reason	

REFERRING SCHOOL			
School		Phone number	
Pastoral Lead for pupil		Email address	
Pupil Tutor / Teacher		Email address	
Attendance officer		Email address	
SLT Behaviour Lead		Email address	

PUPIL DETAILS					
Surname/family name		Year Group		Birth date	
First /other name				Gender	
UPN		Child In Need	Y N	SEN status	
Ethnic origin		Looked After	Y N	Attendance	
Disabilities / SEN					
Exclusions					
Address					
				Post Code	
If not home address, please state living arrangements					
Name of parent/carer					
First phone number		Second			
Emergency contact		Phone			

Please summarise circumstances that warrant a referral to Barnsley EOTAS Service (continue on separate sheet if necessary)

Please provide details of a) successful interventions and b) revisions to personalised learning programmes (continue on separate sheet if necessary). **Nb Medical evidence from CAMHS/Hospital Consultant MUST be provided to support the referral.**

SERVICES CURRENTLY / RECENTLY INVOLVED				
Service	tick	Case Worker	Phone number	Email address
CAMHS				
Education Psychology				
Education Welfare				
Hospital (please name)				
Inclusion Services				
Social Services				
Targeted Youth Support				
Youth Offending Team				
Other				

SERVICES DOCUMENTARY EVIDENCE	Attached
Attendance Certificate	
CAF	
CAMHS report *	
Ed. Psychologist report	
GP report /advice	
Pupil IEP/PEP (two most recent)	
Social Services report	
TAC / CIN meeting minutes	
Other	
<i>* essential for diagnosed Anxious and Phobic pupils who may require further specialist provision</i>	

OTHER SCHOOL INFORMATION	Attached
Pupil timetable	
If KS4/5, examination timetable	
If KS4/5, details of examinations	
Details of any Alternative Education	

MOST RECENT SCHOOL			
	Teacher	Examination	Level
Maths / numeracy			
English / literacy			
Science			
Other			
Other			

PARENTS/CARER/GUARDIAN VIEWS

Signature

Date

PUPIL VIEWS

Signature

Date

PARENTAL CONSENT FOR INFORMATION STORAGE AND SHARING

I understand the information that is recorded on this form, and that it will be stored and used for the purpose of providing services to me for this pupil, for whom I am **parent / carer /guardian (delete as appropriate)**.

I agree to the information recorded on this form being shared with the other persons / services listed.

Signature

Date

AUTHORISATION BY REFERRING SCHOOL

If referred by a Pastoral Lead, then authorisation MUST be countersigned by Headteacher OR SLT Behaviour Lead

Pastoral Lead

Signature

Date

Signed OR countersigned by:

SLT Behaviour Lead

Signature

Date

Headteacher

Signature

Date

POST/EMAIL COMPLETED FORMS AND SUPPORTING DOCUMENTATION TO:

Katie Neil, Barnsley EOTAS Service Administration Officer, Springwell Learning Community, St Helen's Boulevard, Carlton Road, Barnsley, S71 2AY
Email: kneil@springwellacademies.co.uk **Tel:** 01226 291133

