

Bishopton Pupil Referral Form

Pupil Name:
School:
Date:

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

We are committed to safeguarding all children in our care, which is paramount in all that we practice and deliver

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

1 st 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:	
2 nd 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	<u>High Needs Funding</u> Date: Outcome: Banding:		<u>EHC Assessment Application</u> 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.**

1

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)				
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			
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				
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	
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.

Does pupil require physical intervention? Please give overview

Please attach any risk assessments

Behaviour Information				
Please indicate if pupil presents a danger to –				
Peers	Staff	Building	Property	Animals
Date	Incident	Actions/Outcome		

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.

Individual Pupil Risk Assessment/Positive Behaviour Plan

Name of child/young person:		Name of person completing the form:	
Organisation:	Bishopton Centre	Group:	

Green/Low
 The behaviour or type of risk being assessed has not been a concern and is not likely to occur. Specific risk assessment should be shaded green where applicable.



Amber/Medium
 The behaviour or type of risk has occurred regularly in the past or has previously been a significant concern. It is likely to occur again in the future, presenting some risk of harm to the young person themselves, other people or property.



Red/High
 The risk is present in the young person's circumstances and does have an impact on the young persons safety, therefore extra measures may be put in place to ensure the young person is protected.

Once a risk has been increased to Amber/Red please provide evidence alongside prevention and reactive strategies. Please shade/fill a box of either Green, Amber or Red in the boxed area below. Please use the box in which half term we are in with some brief details at the side.

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							

Agencies Involved?	
Any other comments-	

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:									

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.

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