



Active Education • Inspiring Change

ALTERNATIVE EDUCATION PROVISION

REFERRAL FORM

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Utopia Project Referral Form

Client details			
Name:			
Age:	Gender:	DOB:	
Ethnic Origin:			
White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Black Somali	<input type="checkbox"/>
White Eastern European	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
White Western European	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Other (Please state)	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>		
Home Address:			
Home Telephone Number:		Mobile Number:	
Name of person(s) with parental responsibility:		Relationship:	
Address if different from above:		Other Emergency contact Name:	
		Relationship:	
		Address:	
		Tel:	
Referral Agency details			
Organisation Name:		Contact name:	
Address:		Position:	
Telephone:		Email:	
Education at point of referral			
Full time education	<input type="checkbox"/>	Long term non attendance	<input type="checkbox"/>
Part time education	<input type="checkbox"/>	Training/Apprenticeship	<input type="checkbox"/>
NEET (Not in Education, Employment or Training)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

Part A - Referral Form

Area(s) of concern Please indicate your primary concern by placing a tick in the first box; you need to indicate only one primary concern. Indicate any secondary concerns you have by placing a tick or ticks in the second column; you may indicate more than one secondary concern.

	Primary Concern	Secondary Concern		Primary concern	Secondary concern
Attendance & punctuality			Anti-social behaviour		
Emotional health			Bullying (perpetrator or victim)		
Mental health			Social isolation/exclusion		
Physical health			Substance use/misuse		
Disruptive behaviour			Learning		

Other (specify):

Is the child/young person at risk of exclusion from school? YES NO socially? YES NO

Please elaborate on the reason for referral

Knowledge of other agency involvement

Agency	Involved	Contact/ Lead Professional	Phone number
Learning support			
Educational psychologist			
Health (CAMHS, School Nurse etc)			
Social services			
Education social worker			
YOT			
SENCo			
LACES			
Other provision (please state)			

*Please include whether any assessment is in progress or has been requested.

Child in Care/Safeguarding:

Is this child/young person in care?	Yes/No
If yes, is the Virtual Head aware of this referral?	Yes/No
Is the child/young person the subject of a Children Protection Plan?	Yes/No

Free School Meals:

Is the child/young person eligible for free school meals? (if applicable)	Yes/No
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Part B - Individual Learner Profile

1. Strategic Outcomes

Current request for intended outcomes, please detail: (if relevant)

2. Needs & Desired Outcomes for Child/Young Person

Which outcomes below does the child/young person aim to achieve?

Learning Outcomes	Yes/ No	Social/Health Outcomes	Yes/ No	Behavioural/Pastoral Outcomes	Yes/No
A positive attitude to school/learning and raised confidence in academic achievements	Yes/No	Healthier lifestyle choices	Yes/No	Understanding of their rights, the choices available to them and have opportunities to voice their views, perceptions, wishes and opinions	Yes/No
Positive home- school relations	Yes/No	Increased confidence and self-esteem	Yes/No	Experience positive relationships with their peers, families and positive role models within their communities	Yes/No
Develop the ability to make and maintain a diverse range of positive relationships	Yes/No	Increased physical well- being	Yes/No	Increased sense of self identity	Yes/No
Motivated to acquire new skills, knowledge and experience and broaden horizons	Yes/No	Improved communication skills of children, young people and their families	Yes/No	Choose not to bully or discriminate and respect other cultures/ difference	Yes/No
Engage in activities that form part of a positive self-identity	Yes/No	Safe lifestyle choices	Yes/No	Understand the impact of their behaviour on their own outcomes and others	Yes/No
Increased aspiration	Yes/No	Reduced social isolation	Yes/No	Choose not to engage in risky, anti-social or criminal behaviour	Yes/No
Informed choices about education, employment and training and future progression	Yes/No	Ability to identify and benefit from a network of positive support systems in the community	Yes/No	Undertake active and positive Community involvement	Yes/No
Develop skills and knowledge to live independently	Yes/No	Increased self-awareness and assertiveness	Yes/No	Other (Please state)	Yes/No
Transition to other form of education, training or employment	Yes/No	Safe social networks	Yes/No		
Other (Please state)	Yes/No	Other (Please state)	Yes/No		

Part B - Individual Learner Profile

Any additional needs from an IEP, IBP, PEP, SEN statement or EHCP? (please detail)

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What provision is currently/needs to be in place to meet these needs?

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3. Key Risks and Mitigation Measures

Referrer should attach a copy of any relevant risk assessment or behavioural support plans already in place. (If there is none in place, please complete the below)

To themselves	Suggested Mitigation Measures
(for referring agency completion)	(for referring agency & AEP completion)
To Others	Suggested Mitigation Measures
(for referring agency completion)	(for referring agency & AEP completion)

Does the child/young person:	
have any physical needs that require reasonable adjustment to be made to the learning environment?	Yes/No
self administer any prescribed medication that requires adult supervision during the school day?	Yes/No
require an adult to administer any medication on their behalf during the school day?	Yes/No
Details of the above and/or other medical information/risks:	

Part B - Individual Learner Profile

4. Current Provision Details - Academic

Reading Age (if known)	
Spelling Age (if known)	
	Current/Estimated GCSE grade or NC Level
English	
Maths	
Science	

Additional programmes of study: (please detail)

Curriculum (Add subjects as appropriate)	Accreditation Detail (GCSE, A-Level, BTEC etc)	Exam Board	Current/ Estimated Grade/ Level

Please identify any additional client strengths, skills and abilities

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5. Current Provision details - Attendance & Learning

Previous term % Attendance	
Current Attendance target	

Preferred learning style	
Preferred learning method	

Any specific barriers to learning?	
Aspirations/areas of interest?	

Part C - Referral Confirmation

6. Other Information

Please attach a timetable of provision.

If applicable, also attach any of the following documents as relevant for the child/young person:

Young person in Care		Young person with SEN/Statement (EHCP)		All young people	
Personal Education Plan	Yes/No	Statement of SEN	Yes/No	Common Transfer File	Yes/No
Annual Personal Education Allowance Documentation	Yes/No	Individual Education Plan	Yes/No	Common Assessment Framework	Yes/No
Record of attendance for the academic year to date	Yes/No	Additional Support Plan	Yes/No		
		Person Centred Plan	Yes/No		

7. Requested Timetable of Provision

Please indicate the days and duration you would like the young person to attend Utopia Project.

Day of Attendance		Duration			
Monday		Full Academic Year		Autumn Half Term 1	
Tuesday		Autumn Term		Autumn Half Term 2	
Wednesday		Spring Term		Spring Half Term 1	
Thursday		Summer Term		Spring Half Term 2	
Friday				Summer Half Term 1	
				Summer Half Term 2	

*Duration of provision can be negotiated and renewed subject to availability

8. Sign off

	Print	Sign	Date
Referring Organisation Lead:			
AEP Provider Lead:			
Parent/Carer:			
Date for review of this learning plan and timetable of provision:			

*Please note completion of this form does not guarantee a place for this young person on our programme. Referrals approval will be confirmed upon receipt of a signed service level agreement.