

**ALTERNATIVE CENTRE OF EDUCATION  
LONG TERM PLACEMENT REFERRAL FORM**



**Please complete this form in full and email it together with any relevant documents to**

**[support@alternativecentreofeducation.org](mailto:support@alternativecentreofeducation.org)**

**If you have any queries, please contact us on 020 3792 5302**

**Section A – School Details**

|                                  |   |                      |
|----------------------------------|---|----------------------|
| <b>Name of Referring School:</b> | <b>Name of School or Local Authority:</b> |                      |
| <b>Main Contact Person:</b>      | <b>Contact Number(s)</b>                  | <b>Contact email</b> |
| <b>Start Date of provision:</b>  | <b>Number of days/weeks required:</b>     |                      |

**Section B – Student Details**

|                           |                          |                   |
|---------------------------|--------------------------|-------------------|
| <b>Forename of Child:</b> | <b>Surname of Child:</b> |                   |
| <b>Date of Birth:</b>     | <b>Gender:</b>           | <b>Ethnicity:</b> |
| <b>Year Group:</b>        |                          |                   |
| <b>Home Address:</b>      | <b>ULN/UPN:</b>          |                   |
|                           | <b>Home Language:</b>    |                   |
| <b>Post code:</b>         | <b>Religion:</b>         |                   |

**Section C – Parent/Carer Contact details**

|                           |                               |
|---------------------------|-------------------------------|
| <b>Title:</b>             | <b>Relationship to Child:</b> |
| <b>Forename:</b>          | <b>Surname:</b>               |
| <b>Telephone Number 1</b> | <b>Telephone Number 2</b>     |
| <b>Address:</b>           | <b>Email Address:</b>         |

|  |                         |
|--|-------------------------|
| <b>Post code:</b>                          |                         |
| <b>Emergency Contact Name and address:</b> | <b>Contact Numbers:</b> |

### Section D – Monitoring Information

|  |  |
|--|--|
| <b>Free School meals:</b> Y/N  | Does the child have SENK support? Please give details. |
| <b>Does the child have an EHCP?</b> Y/N<br><i>If yes, please send a copy with this application</i>               |  |
| <b>Has the child been assessed for access arrangements?</b> Y/N<br><i>If yes, please send relevant documents</i> | <b>School SENco Name:</b><br><br><b>Email:</b>         |
| Does the child have any of the following:  |  |
| <b>PSP</b> Y/N   | <b>IEP</b> Y/N   |
| <b>EP</b> Y/N  | <b>PEP</b> Y/N   |
| If yes, please send copy with this application   |  |
| Medical information:   |  |
| GP Address:  | Telephone Number:                                      |
| Is this young person/child in care?  |  |
| Is this young person/child the subject of a Child Protection Plan?   |  |

### Section E – Reasons Referral

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| <b>What are the reasons for referring this child/young person? Please outline any action/support that has been taken previously.</b> |
|--|

**Section F – Academic Information** - Please attach latest school report

|                                |  |
|--------------------------------|--|
| <b>Current Attendance rate</b> |  |
|--------------------------------|--|

| <b>Attainment Summary</b>           | <b>Reading Age</b> | <b>English</b> | <b>Maths</b> | <b>Science</b> | <b>Other</b> |
|-------------------------------------|--------------------|----------------|--------------|----------------|--------------|
| <b>Overall current performance:</b> |                    |                |              |                |              |

| <b>Any Particular areas of engagement?</b>                            | <b>Yes/No</b> |
|---|---------------|
| <b>Subject Matter</b><br>(e.g Vocational, specific academic Subjects) |               |

|   |  |
|---|--|
| <b>Method of Learning</b><br>(e.g outdoor, alone, 1:1, group, minimal supervision, maximum supervision) |  |
|---|--|

|   |  |
|---|--|
| <b>Any barriers to learning &amp; engagement?</b> |  |
|---|--|

|                                      |  |
|--------------------------------------|--|
| <b>Aspirations/areas of interest</b> |  |
|--------------------------------------|--|

## Section G – Behaviour Risk Assessment

| Assessing the risk to Health and Safety           | High | Med | Low |
|---|------|-----|-----|
| Evidence of physical assault against peers        |      |     |     |
| Evidence of verbal assault towards peers          |      |     |     |
| Evidence of physical assault against adults/staff |      |     |     |
| Evidence of verbal assault towards adults/staff   |      |     |     |
| Evidence of criminal activity                     |      |     |     |
| Evidence of harmful sexualized behaviour          |      |     |     |
| Evidence of bullying                              |      |     |     |
| Evidence of arson/fire setting                    |      |     |     |
| Evidence of vulnerability – self harm             |      |     |     |
| Punctuality/attendance concerns                   |      |     |     |
| Evidence of alcohol/substance misuse              |      |     |     |
| Evidence of racism language/groups                |      |     |     |
| Evidence of homophobic language/groups            |      |     |     |
| Concerns around parental support                  |      |     |     |
| Concerns around self-esteem                       |      |     |     |
| Concerns around mental health                     |      |     |     |
| Concerns around medical needs                     |      |     |     |
| Concerns around social withdrawal                 |      |     |     |
| Possession/use of weapons                         |      |     |     |
| Leaving site without permission                   |      |     |     |
| Gang affiliation                                  |      |     |     |
| Any risk of violent behaviour                     |      |     |     |

**Multi Agency Support**

|                                     | <b>Contact/Lead Professional</b> | <b><u>TEL.NO</u></b> | <b><u>DATE</u></b> | <b>Any relevant information</b> |
|-------------------------------------|----------------------------------|----------------------|--------------------|---------------------------------|
| <b>Social Care</b>                  |                                  |                      |                    |                                 |
| <b>Education Psychology Service</b> |                                  |                      |                    |                                 |
| <b>Education Welfare Service</b>    |                                  |                      |                    |                                 |
| <b>SENCO</b>                        |                                  |                      |                    |                                 |
| <b>YOT</b>                          |                                  |                      |                    |                                 |
| <b>CAMHS</b>                        |                                  |                      |                    |                                 |
| <b>Any other agencies</b>           |                                  |                      |                    |                                 |

## Reintegration Plan

**Current re-integration plan identified, please detail: (if relevant)**

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## Needs & Desired Outcome for Child/Young Person

Which of the outcomes below does the child/young person wish to prioritise?

| <b>Learning Outcomes</b>   | <b>Yes/No</b> | <b>Social/Health outcomes</b>   | <b>Yes/No</b> | <b>Behavioural/Pastoral Outcomes</b>   | <b>Yes/No</b> |
|--|---------------|---|---------------|--|---------------|
| 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        |
| Skills and ability to make a maintain a diverse range of friendships                     | Yes/No        | Increased physical well-being   | Yes/No        | Increased sense of self identity   | Yes/No        |
| Are motivated to acquire new skills, knowledge and experience and broaden their 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        | Manage Emotions  | Yes/No        |
| The skills and knowledge to live independently   | Yes/No        | Increased self-awareness and assertiveness  | Yes/No        |  | Yes/No        |
| Improve Grades   | Yes/No        | Safe social networks  | Yes/No        |  | Yes/No        |

**Identified needs from EHCP/SEND Support**

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**Key Risk 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 |
|                                    |                               |
| To other children and young people | Suggested Mitigation Measures |
|                                    |                               |

**Physical/Medical details**

|  |        |
|--|--------|
| <b>Does the child/young person:</b>  |        |
| 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                    | Yes/No |
| Details of the above and/or other medical information/risks:                                       |        |



**Other Information**

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

| <b>All children or young people</b>        |        |                           |        |                             |        |
|--|--------|---------------------------|--------|-----------------------------|--------|
| Personal Education plan                    | Yes/No | EHCP                      | Yes/No | Common Transfer File        | Yes/No |
| Record of attendance for the academic year | Yes/No | Individual Education Plan | Yes/No | Common Assessment Framework | Yes/No |
| Pastoral Support Plan                      | Yes/No | Individual Behaviour Plan | Yes/No | YOT Assessment              | Yes/No |
| Exclusion Log                              | Yes/No |                           |        |                             |        |

**Sign Off**

|   |       |
|---|-------|
| Referring School/LA Lead:                                     | Date: |
| Alternative Centre of ED. Ltd Lead:                           | Date: |
| Parent/Carer:   | Date: |
| Date of review of this learning plan & timetable of provision | Date: |