## **Tuition Referral Form**

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| **Young Person’s Details:** |
| Name –  |
| Address –  |
| Gender –  |
| Date of Birth –  |
| Ethnicity –  |
| Place of Education –  |
| Year Group –  |
| Statutory Status - Looked After [ ]  Child Protection Plan (CP) [ ]  Child in Need (CIN) [ ]  |

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| **Parent/Carer Details:** |
| Name –  |
| Address – |
| Telephone number – |
| Relationship –  |

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| **Referrers Details:** |
| Name –  |
| Organisation –  |
| Telephone number – |
| E-mail address – |
| Relationship to young person – |

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| **Educational Information:** |
| Pupils school attendance information, including attendance percentage –  |
| Academic information (including attainment/progress data):English – Maths – Science – Other –  |
| Does the young person have an ECHP? (if so, please include a copy with the referral)  |

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| **Referral Information:** |
| Reason for referral: |
| Young person background/history & all relevant information: |
| Family background/history & all relevant information: |
| Young person **current** risk factors i.e., school exclusion, county lines, CSE, gang affiliation, criminal exploitation, truancy, missing episodes etc: |
| Young person **potential** risk factors i.e., county lines, CSE, gang affiliation, criminal exploitation, truancy, missing episodes etc: |
| Has this referral been discussed with the young person?  | Yes [ ]  No [ ]   |
| Has this referral been discussed with the parent/carer?  | Yes [ ]  No [ ]   |
| If answered ‘No’ to any of the above, please provide reasons: |

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| **Agencies/Organisations working with young person:** |
| Agency/Organisations | Contact name | Telephone Number | E-mail |
| Social Care | [ ]  |  |  |  |
| Youth Offending  | [ ]  |  |  |  |
| Early Intervention | [ ]  |  |  |  |
| Place of Education | [ ]  |  |  |  |
| CAMHS | [ ]  |  |  |  |
|  | [ ]  |  |  |  |
| Other Agency/Organisations: |

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| **Desired Outcomes:** |
| Desired outcomes of tuition (maximum of three): |

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| **Session Information:** |
| Number of lessons per week –  |
| Length of each lesson –  |
| Number of weeks –  |
| Proposed start date –  |
| Proposed location of tuition –  |
| Are there are times/days that should be avoided? –  |

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| **PLEASE RETURN COMPLETED FORMS VIA E-MAIL TO****info@evolveandadapt.co.uk** Depending on the nature of the referral we may contact you to request further information that will be used to support the CYP and demonstrate impact of intervention  |