## **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 |  |  |  |  |
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| 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](mailto: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 |