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| **Education Welfare Service** **Assessment and Referral Form**Please return to ews@brent.gov.uk or your link EWO |
| **REASON FOR REFERRAL DATE OF REFERRAL …………………………………….** |
| **Children Missing Education** [ ] (Child missing from school without explanation and the family cannot be contacted) | **Unauthorised Term Time Leave** [ ] (One form needed per pupil for penalty) |
| **Persistent Absence** [ ] (Ten week casework) | **Elective Home Education** [ ] (Parent writes to the Head to say they are withdrawing their childto educate them at home) |
| **1. PUPIL DETAILS** |
| Forename |  | Surname |  |
| Date of birth |   | Gender | Male [ ]   |  | Female [ ]   |   |
| Pupil UPN |  | NC Year |   |
| Ethnicity |  | Nationality |   |
| Religion |   | Pupil Premium | Yes [ ]  No [ ]  | EAL |  [ ]  |
| If EAL is ticked, please specify first language |   | NHS Number |   |
| Known vulnerability factors | CP [ ]  CIN [ ]  LAC [ ]  Post LAC [ ]  CSE [ ]  Gangs [ ]  Young Carer [ ]   |
| Diagnosed need | Autism [ ]  ADD [ ]  ADHD [ ]  Aspergers [ ]  | Other…  |
| Health Needs |  | Disability |   |
| EHC Plan [ ]  | SEN Support [ ]  |
| Has an Early Help Assessment (EHA) been made? | Yes [ ]  |  No [ ]  |

**2. PARENT/CARER OR SIGNIFICANT OTHER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact 1 | Contact 2 | Contact 3 |
| Full name |  |   |   |
| Date of birth |   |   |   |
| Parental responsibility |    |   |   |
| Relationship to child |    |   |   |
| Address |  |   |   |
| Email address |   |   |   |
| Telephone number |   |   |   |
| Interpreter required |   |   |   |
| Type of interpreter |  |   |   |

|  |  |  |
| --- | --- | --- |
| Name of sibling(s) | School of sibling(s) | Receiving support from other agencies? |
|  |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

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| **3. SCHOOL DETAILS** |
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| School name |   |
| Telephone number |   | Fax number |   |
| Keyworker name |   | Email address |   |
| Referrer's name |   | Referrer's job title |   |
| Referrer's telephone number |   | Referrer's email  |   |
| Referral discussed with Education Welfare Officer? | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| Date of Referral |  |

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| **4. ATTENDANCE**  |
|  |
| Period | Percentage |
| Attendance | Authorised absence | Unauthorised absence |
| Current academic year |  |  |  |
| Last academic year |  |  |  |
|   |
| **CHILDREN MISSING EDUCATION** (Please provide a copy of the child’s attendance report and leaver form if you have one) |
| Emergency/Alternate contact |   | Tel/Email |   |
| GP Details |    |
| Any known reason for absence?Please advise if you have anyinformation about the child’scurrent whereabouts(please provide copies of bookingconfirmation/ plane tickets if leaving the Country) |  |
| Attempted contact with family?(Phone calls, emails, letters) |  |
| Any further relevant information? |  |
| Date last attended school |  |

**ELECTIVE HOME EDUCATION**

Please provide copies of the student’s attendance record and relevant correspondence/reports regarding attendance, attainment and behaviour.

|  |  |
| --- | --- |
| Reason for Elective Home Education |  |
| Parent’s deregistration letter attached? | Yes [ ]  | No [ ]  | School’s acknowledgement letter to parent attached? | Yes [ ]  | No [ ]  |
| Details of communication with the parent. Please include reasons given by parent for choosing to home educate their child. |
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**PERSISTENT ABSENCE**

(Please provide the student’s attendance record)

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency/Alternate contact |   | Tel/Email |   |
| GP Details |    |
| Details of communication with the parent/child. Please include the reasons given for absence and information on the advice/support provided to the student and parent |
|  |
| Please provide details of meetings with parent and child to discuss attendance (please include school interventions) – dates and summary of impact. Please include comments made by parents and the child regarding the referral to EWS. |
|  |
| Has a pre-referral meeting been held? | Yes [ ]  | No [ ]  | If Yes, Pre-referral meeting date |  |

**Signs of Safety Assessment**

Please complete Signs of Safety Assessment for the three sections above. Please give details of the following: Nature of concern(s): What makes the problem worse? What intervention has worked? Child’s strengths and successes? Parental engagement? Relationship with staff/peers? Significant events within the family, e.g. divorce, bereavement? Health concerns? Risk concerns? Safety concerns? Issues around identity e.g. race, gender, sexuality?

|  |  |  |  |
| --- | --- | --- | --- |
| What is working well? | What are you concerned about? | What needs to happen next? | What support do you think would be most effective? |
|  |  |  |  |

**UNAUTHORISED TERM TIME LEAVE**

(One form per child for penalties)

|  |  |  |
| --- | --- | --- |
| Are you requesting a Formal Warning or a Penalty Notice? | Formal Warning [ ]  | Penalty Notice [ ]  |
| Has the school notified all parents in writing of the use of Warnings/EPNs this year? | Yes [ ]  | No [ ]  |
| Has the parent completed a school term time leave request form? (if Yes please provide a copy) | Yes [ ]  | No [ ]  |
| If a leave request has been rejected, please attach a copy of the letter warning parents that they risk an EPN if they take their child out of school |
| Any further information or communications? |  |

Please provide copies of the child’s attendance record as well as other relevant documentation, i.e. flight tickets, medical certificates.