

Alternative Provision Service

PACE KS1&2 PRU
St Helens PACE
Derbyshire Hill Road,
St Helens,
WA9 2LH

stuarttoole@sthelens.gov.uk
Tel: 01744 677175
Fax: 01744 677176

REFERRAL OF KS1/2 PUPIL TO PACE PRIMARY PUPIL REFERRAL UNIT

PUPIL'S DETAILS

Name:	Date of Birth:	Name of Parent/Carer:
Address:	Year Group	Tel No:
Postcode:	Gender:	<u>Emergency Contact:</u> Name: Relationship: Tel No:
Siblings and position in family	1 2 3 4 5 6 7 MF MF MF MF MF MF MF (tick for subject and circle as appropriate for others)	
Any relevant information concerning family circumstances		

REFERRAL DETAILS

School:	Name of Referrer:
Address:	Date of Admission to School:
Postcode:	Class Teacher and email address:
Email:	
Previous schools with dates: 1. 2. 3.	
Is the pupil looked after by the Local Authority Y/N If yes, is it a voluntary agreement or Care Order? Is the pupil entitled to free school meals? Y/N	

www.paceandlaunchpad.sthelens.gov.uk

LAUNCHPAD



ETHNICITY (tick appropriate box)

White British	White Irish	White Traveller of Irish Heritage
White Other	Gypsy/Roma	White and Black Caribbean
Indian	Pakistani	Bangladeshi
Any Other Asian Background	Caribbean	African
Any Other Black Background	Chinese	Any Other Ethnic Group
Refused	Information Not Yet Obtained	

MEDICAL INFORMATION**Does the pupil have any of the following medical conditions? (please circle)**

Hearing Impairment	Eczema/Dermatitis	Diabetes	Rheumatism	Vertigo
Colour Blind	Heart Condition	Epilepsy	Asthma	Allergy
Poor Eyesight	Physical Disability			

Other conditions (please give details)**ATTENDANCE**

% last year	% as present
If attendance is below 80%, are the EWS involved Y/N	
Name of EWO:	

EXCLUSIONS**Number of Fixed Term Exclusions in the last 12 months**

Date	No. of Days	Reason

www.paceandlaunchpad.sthelens.gov.uk

FURTHER INFORMATION

Is the child in receipt of a provision agreement? Y/N

Is there an EHCP assessment in process? Y/N
Who is the case work manager?

Brief description of identified needs and what additional support is given in school to meet the pupil's needs?

NATURE OF MAIN CONCERNS (please tick as appropriate).

Anti-Social Behaviour	Refusal	Relationship with Adults
Withdrawal	Work Skills	Relationship with Teachers
Family Issues	Being Bullied	Off-Task Behaviour
Aggression	Phobias	Classroom Behaviour
Defiance	Bullying	Truancy/Exclusion Risk
Emotional Concerns	Social Skills	Developmental Delay

OTHER AGENCIES INVOLVED

Agency/Service	Tick	Ongoing?	Key Worker	Contact Number
Education Psychologist		Y/N		
Behaviour Improvement Team		Y/N		
Education Welfare Service		Y/N		
Youth Offending Team		Y/N		
Police		Y/N		
Social Care		Y/N		
School Nurse		Y/N		
CAMHS		Y/N		
Classroom Assistant/Support		Y/N		
Other:		Y/N		

Parental Consent

We (the pupil's school) have discussed the referral with the pupil's parents/carers.

Signature of parents/carers Date

This referral has/has not been discussed with the pupil.

Signature by School's Representative

www.paceandlaunchpad.sthelens.gov.uk



Date



Checklist

Please attach the following if applicable:-

- Pupil's Timetable
- IEP/IBP (at least two most recent documents)
- Educational Psychologist's Report
- EHCP

www.paceandlaunchpad.sthelens.gov.uk

LAUNCHPAD

