



# Haringey Learning Partnership Referral 2022

Please sent completed forms and attachments to  
**[HAPIPreferrals@haringey.gov.uk](mailto:HAPIPreferrals@haringey.gov.uk)**

The following is a list of guidelines for a school to refer a student to the Haringey Learning Partnership.

- 1 This form must be completed independent of the route taken to PEX a student
- 2 The referrer must discuss plans to refer with parents/carers and students.
- 3 Copies of all relevant reports must be supplied with this form.

Please tick the forms you have included:	
<input type="checkbox"/> Referral Form	<input type="checkbox"/> Any SEND paperwork
<input type="checkbox"/> Parent/Carer Consent signed	<input type="checkbox"/> Attendance Report
<input type="checkbox"/> Behaviour Report/Log	<input type="checkbox"/> Risk Assessments if applicable
<input type="checkbox"/> Academic Report	<input type="checkbox"/> Any letters about medical needs

If any of the above form is not included, please give the reason below:

HLP may return forms if not enough information on the student is included.

SCHOOL (referrer)				
Name and address of School:		Enrolment date:		
		Name of Safeguarding lead:		
		Name of SENCO:		
		Name of Attendance Lead:		
Please tick to indicate that the school (referrer) agrees to fund for the placement for this student (N/A)				<input checked="" type="checkbox"/>
Person responsible for invoices:	Name:	N/A		
	Tel:		Email:	
Person completing referral and main point of contact:	Name:			
	Position:			
	Tel:		Email:	
Authorisation signature:				

STUDENT				
First Name:		Middle Name:		
Surname:			Gender:	Please select
DOB:		UPN:	UCI:	
ULN:		DfE Ethnicity:	NC Year Group:	
Date of arrival in the UK (if applicable):			Religion (if stated):	
Languages spoken:				
Home language:		Is the student's English fluent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student address				
Name and address of doctor/GP				
Does the student have any medical needs (e.g.: allergies) or a care plan?				

PARENT/GUARDIAN					
Parent/Guardian 1			Parent/Guardian 2		
Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No			Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and surname:			Name and surname:		
Mobile:		Landline:			
Email:			Email:		
Full address:				Full address:	
First language:				First language:	
Interpreter required?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Structure					

(who lives with student – please include ages of siblings if known)		
<b>Emergency contact name:</b>	<b>Emergency contact phone no:</b>	<b>Relationship to student:</b>

## STUDENT SUMMARY

### 1. Attendance

<b>Attendance for the last 3 months</b>	Choose an item.
<b>Attendance (overall) in the last academic year (%)</b>	
<b>Punctuality</b>	Please select

<b>Intervention undertaken by the school to date relating to attendance and punctuality</b> (Click on 'Please select' and choose one statement per row from the 19 drop down options and as many as apply for this student)	
Please select	
Penaly issued	
Please select	
Please select	
Please select	
Please select	
Please select	
Please select	

<b>Intervention undertaken by the school SENCO to date</b>	
Intervention to support social, emotional and mental health – details and/or name of programme:	
Intervention to support cognition and learning – details and/or name of programme:	
Intervention to support communication and interaction – details and/or name of programme:	
Intervention to support sensory and/or physical needs – details and/or name of programme:	

<b>Are any of the following in place?</b>											
<b>FSM</b>	<b>LAC</b>	<b>IEP</b>	<b>IBP</b>	<b>PSP</b>	<b>CIN plan</b>	<b>CP plan</b>	<b>CSE</b>	<b>K</b>	<b>EHCP</b>	<b>EHE</b>	<b>EAL</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Academic achievement and progress

<b>KS2 (levels)</b>	<b>English</b>	
	<b>Maths</b>	

<b>CATS Scores</b>	<b>Quantitative</b>	
	<b>Verbal</b>	

	<b>Non-Verbal</b>	
	<b>Spatial</b>	
	<b>Mean SAS</b>	

<b>KS3 (National expectations)</b>	<b>English</b>	Please select
	<b>Maths</b>	Please select

<b>Reading age</b>

<b>KS3/KS4</b>	<b>Qualification</b>		
	<b>Subject</b>	<b>Grade</b>	

**Please comment on student's academic performance and motivation, behaviour or relevant history.**

### 3. Involvement with other agencies

Agency name	Past	Current	Details of professional involved	
Children Looked After Team	Select Y/N	Select Y/N	Name:	
			Contact:	
Children Social Care	Select Y/N	Select Y/N	Name:	
			Contact:	
Early Help	Select Y/N	Select Y/N	Name:	
			Contact:	
Youth Justice Service	Select Y/N	Select Y/N	Name:	
			Contact:	
Education Welfare Office	Select Y/N	Select Y/N	Name:	
			Contact:	
Speech and Language Therapy Service	Select Y/N	Select Y/N	Name:	
			Contact:	
Educational Psychology	Select Y/N	Select Y/N	Name:	
			Contact:	
Child Psychiatrist	Select Y/N	Select Y/N	Name:	
			Contact:	
CAMHS	Select Y/N	Select Y/N	Name:	
			Contact:	
Autism Outreach Service	Select Y/N	Select Y/N	Name:	
			Contact:	
Behaviour Support Service	Select Y/N	Select Y/N	Name:	
			Contact:	
Occupational Therapy	Select Y/N	Select Y/N	Name:	
			Contact:	
CSE Team	Select Y/N	Select Y/N	Name:	
			Contact:	
Other (specify):			Contact:	
			Contact:	

Has the student ever been a subject of CP Plan?	Select Y/N	
If yes, please state date and category (e.g.: emotional abuse, neglect)	Date closed:	
	Category:	

#### 4. Student's strengths and presenting needs

(Click on 'Please select' and choose one statement per row from the drop down options and as many as apply for this student)

(i) Cognition and Learning Needs
Please select
Please select
Please select
Please select
Please select
Please select
Please select
Please select
Please select
If learning difficulties have been identified (e.g.: dyslexia, dyspraxia, MLD), please specify below:
If the student benefits from a particular learning style, please specify below:
Other cognition and learning needs? Please give details below:

(ii) Behaviour/Communication/Social Interaction Needs
Please select
Please select
Please select
Please select
Please select
Please select
Please select
Please select
Please select
Please select
Please select
If specific difficulties or disorders have been identified (e.g. SEBD, ADHD/ADD, Autism, conduct disorder), please specify below:
Other behavioural/communication/social interaction needs? Please give details below:
N/A

(iii) Emotional and Mental Health Needs
Please select
Please select
Please select
Please select
Please select
Please select
Please select
Please select

Please select

Please select

**(iv) Safety/Environmental Needs**

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

**(v) Physical/Medical/Sensory Needs**

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

**If the student has specific sensory needs (e.g.: hearing/visual or sensory impairment), please specify below:**

**If the student has specific medical needs /care plan (e.g.: diabetes, asthma, epilepsy), please specify below:**

**(vi) Student's strengths**

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

Please select

**Has passions and hobbies, please specify below:**

**Strong in particular subject/area, please specify below:**



### Interventions and assessment undertaken by your school relating to areas of needs and their effectiveness

(e.g: CAHMS/EP assessments, SEND provision, in-class support, out of class support, enrichment activities, focused interventions in literacy/numeracy, ILP, EAL interventions, mentoring, social and emotional development programmes, gang or bullying prevention programmes, referrals to universal/targeted or specialist services etc.)

Please attach relevant documents (if applicable).

Interventions/assessments:	Tick if worked well/ were effective
CAMHS	<input type="checkbox"/>
CP PLAN	<input type="checkbox"/>
Individual Learning Plan/Pastoral Support Plan	<input type="checkbox"/>
Educational Psychologist Report	<input type="checkbox"/>
Education Welfare EWO	<input type="checkbox"/>
Enrichment	<input type="checkbox"/>
Mentor	<input type="checkbox"/>
Reduced Timetable	<input type="checkbox"/>
Other (Please name)	<input type="checkbox"/>
Other (Please name)	<input type="checkbox"/>
Other (Please name)	<input type="checkbox"/>
Other (Please name)	<input type="checkbox"/>

**REFERRAL DETAILS**

**PRINT OR COMPLETE WITH PARENT/GUARDIAN/STUDENT**

Please write a short paragraph describing reasons behind the decision to refer the above student to HLP:

**TO BE COMPLETED BY THE SCHOOL (REFERRER)**

Identify Reasons behind this referral including any exclusions:

What type of intervention do you feel is best fit? Why would this be a positive route for this student?

**TO BE COMPLETED BY THE STUDENT**

What skills or behaviour do you hope to develop while attending HLP/accessing outreach?

What are your interests or skills/strengths?

What type of support would you need to make this happen?

Are there any individuals already attending HLP that you would be worried about?

**TO BE COMPLETED BY THE PARENT/GUARDIAN (This may not be completed for PEX)**

Parent/guardian's view of referral:

Actions that the parent/guardian will put in place for the student:

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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