|  |
| --- |
| **Warwickshire Learner Information Form (LIF)****Secondary**  |

|  |  |
| --- | --- |
| **Area:**       | **Name of Referrer & position held in school/organisation:**      |
| **Date of referral:**      | **Address/Phone Number/e-mail address of Referrer:**      |
| **Reason for Referral:** **PEx** [ ]  **Managed Move level 1** **[ ]  Managed Move level 2** **[ ]  Managed Move level 3** **[ ]** **Managed Transfer** **[ ]  Alternative Provision** [ ]  **FAP** [ ]  **EHE** **[ ]  CME** **[ ]**  |
| **Re-Referral Form**If ‘yes’ a Learning Passport (ILP) must be submitted alongside the LIF. | **YES** **[ ]  NO** **[ ]**  |

|  |
| --- |
| **Personal Details Information** |
| **Child/Young Person (CYP) Name:**       | **DOB:**       |
| **NCYear Group:**       | **Home Address:**      | **Male/Female/Other:**      |
| **Name of Parent/Carer** (Priority contact/relationship to CYP):      | **1st Contact Address:**(if different to CYP home address)      | **Tel Number:**      |
| **Name of 2nd Contact** (relationship to CYP)**:**      | **2nd Contact Address:**      | **2nd Contact Tel Number:**      |
| **UPN:**       | **FSM: Yes** **[ ]  No** **[ ]** **CLA: Yes** **[ ]  No** **[ ]** **PP: Yes** **[ ]  No** **[ ]**  |
| **ULN:**       |  |
| **Most recent/previous schools attended:**       | **Current School Status:** **On School Roll: Yes** **[ ]  No** **[ ]**  |
| **No SEND****[ ]**  | **SEND (K)****[ ]**  | **EHCP (E)** **[ ]**  |
| **Child Protection (CP)** | **[ ]  Current** **[ ]  Previous** **[ ]  None**  | **Child in Need (CIN)** | **[ ]  Current** **[ ]  Previous** **[ ]  None**  | **Early Help (EH)** | **[ ]  Current** **[ ]  Previous** **[ ]  None**  |
| **SEND and Safeguarding needs MUST be indicated.** NOTE: Child Protection information should not be shared at this stage but information must be available on request if essential to the placement. |
| **Outline timeline for transfer of CP File.**      |
| **Ethnicity:**       | **Religion:**       | **Home Lang:**       | **Other Lang:**       |
| **Reason for Referral Details** |
| **Reason for Referral:**       |
| **Attendance (% attendance for current and previous academic year**)*Include details of School/ WAS interventions.*      |
| **Behaviour** (**include any FT exclusion information: dates/length of exclusion and reason**) *What are the positive behaviours? What are the triggers for the negative behaviour? How frequent is the negative behaviour?*      |
| **Graduated Approach** **(universal, targeted and specialist)** *Support received in school and from agencies, adjustments to timetable, managed move, respite etc. Outline of the assess, plan, do, review cycle in line with the SEND matrix and the CYP specific need(s).*      |
| **Relevant Personal or Home Circumstances** (*Child Protection information should not be shared at this stage) Bereavement, Housing Issues, medical needs, any relevant information for specialist transport etc.*       |
| **Permanent Exclusion Details** |
| **Date of PEx:**      | **Date of Governor Meeting:**      | **Code used:**      |
| **Reason:**      |
| **Agency/ Team Involvement** |
| **Name of Agency/ Team** | **Case Status** | **Key Person** | **Contact details** |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |

|  |
| --- |
| **Academic Information**  |
| **Year 7** **[ ]**  | **Year 8** **[ ]**  | **Year 9** **[ ]**  | **Year 10** **[ ]**  | **Year 11** **[ ]**  |
| **Key Stage 2** | **Reading:**      | **Writing:**      | **Maths:**      | **Science:**      |
| **Subject** (Please add additional subjects where relevant.) | **Examination****Board** | **Level****(eg. GCSE)** | **Expected****Result** | **Working At Grades** |
| **English Language** |       |       |       |       |
| **English Literature** |       |       |       |       |
| **Mathematics** |       |       |       |       |
| **Science** |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Access Arrangements (if applicable):**       |
| **Has the CYP passed 11+ Yes** [ ]  **No** [ ]  **CYP** **has the ability to pass 11+ Yes** [ ]  **No** [ ]   |

|  |  |
| --- | --- |
|  | **Risk Assessment** |
| **Please rate on a 0-4 scale****0 = N/A****1 = lowest risk****4 = highest risk** |   | **0** | **1** | **2** | **3** | **4** |
| Theft | [ ]  | [ ]  | [ ]  | *[ ]*  | *[ ]*  |
| Truancy/Absconding | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Substance Misuse | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Alcohol Misuse | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Damage to Property | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Arson | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Physical Aggression Towards Peers | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Physical Aggression Towards Adults | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Verbal Aggression Towards Peers | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Verbal Aggression Towards Adults | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Abuse against sexual orientation or gender identity | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Inappropriate behaviour against individuals with a disability | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Bullying Peers | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Persistent Defiance | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Persistent Refusal to follow instructions | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Sexual Inappropriate Behaviour Towards Others | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Inappropriate use of social media or online technology | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Willful and repeated transgression of protective measures in place for public health | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |
| Confidential Child Protection – Information available on request | **Yes** [ ]  **No** [ ]  |
| Other (Please specify) |       | [ ]  | *[ ]*  | [ ]  | *[ ]*  | *[ ]*  |

|  |
| --- |
| I can confirm that I am the person who has completed this form and I can confirm that the information contained in this form has been discussed with the Parent / Carer and they are aware of the Fair Access Process and Protocol. |
| **Name:**       | **Position:**       | **Date:**       |

**CHECKLIST**

* **Form has been completed fully and comprehensively**
* **An individual Learning Passport (ILP) has been attached for re-referrals**
* **SEND information section completed**
* **Safeguarding section completed**
* **Parent/ Carer has been consulted**
* **Headteacher/ Principal of your organisation is aware of the referral.**

**USEFUL LINKS**

**SEND Code of Practice** [**https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/398815/SEND\_Code\_of\_Practice\_January\_2015.pdf**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

**DfE Exclusions**

[**https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/921405/20170831\_Exclusion\_Stat\_guidance\_Web\_version.pdf**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921405/20170831_Exclusion_Stat_guidance_Web_version.pdf)

**COMPLETED FORMS**

**Copies of all Completed LIFs must be sent to:**



**fapassessmentgateway@warwickshire.gov.uk**