

This form is a Referral Form and not an Admissions Form
Please complete all sections of this form in full.
Failing to do so will result in it being returned to the referrer

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 <input type="checkbox"/> Managed Move <input type="checkbox"/> Managed Transfer <input type="checkbox"/> Alternative Provision <input type="checkbox"/> FAP <input type="checkbox"/> EHE <input type="checkbox"/> CME <input type="checkbox"/>			
Re-Referral Form If 'yes' a Learning Passport (ILP) must be submitted alongside the LIF.		YES <input type="checkbox"/>	NO <input type="checkbox"/>

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/ e-mail:	
Name of 2nd Contact (relationship to CYP):	2nd Contact Address:	2nd Contact Tel Number/ e-mail:	
UPN:	FSM: Yes <input type="checkbox"/> No <input type="checkbox"/> CLA: Yes <input type="checkbox"/> No <input type="checkbox"/> PP: Yes <input type="checkbox"/> No <input type="checkbox"/>		
ULN:			
Most recent/previous schools attended:		Current School Status:	
		On School Roll: Yes <input type="checkbox"/> No <input type="checkbox"/>	
No SEND <input type="checkbox"/>	SEND (K) <input type="checkbox"/>	EHCP (E) <input type="checkbox"/>	
Child Protection (CP)	Child in Need (CIN)	Early Help (EH)	
<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> 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:

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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).
 Include Protective Factors: adaptations to environment/ curriculum, Interventions learning/ other, emotional regulation strategies, reparatory/ restorative practices, self-esteem strategies.*

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
	Please select		
	Please select		
	Please select		
	Please select		
	Please select		

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Academic Information				
Year 7 <input type="checkbox"/>	Year 8 <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> CYP has the ability to pass 11+ Yes <input type="checkbox"/> No <input type="checkbox"/>				

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

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:
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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

Evidence required to be eligible for any additional funding for AP via the FAP and Assessment Gateway
(High Needs Funding)

G.R.E.A.T approach

- G**raduated response in line with SEND Matrix
- R**obust universal and targeted early help support accessed
- E**ngagement in ensuring that CYP remains in mainstream e.g. use of a managed move
- A**ccurate and comprehensively completed Learner Information Forms (LIF's) submitted
- T**horough graduated response activities detailed in referral forms i.e. LIF's



Graduated

Robust

Engagement

Accurate

Thorough