## **Referral Form**

**Tuition**

|  |
| --- |
| **Young Person’s Details:** |
| Name –  |
| Address –  |
| Gender –  |
| Date of Birth –  |
| Ethnicity –  |
| Place of Education –  |
| Year Group –  |

|  |
| --- |
| **Parent/Carer Details:** |
| Name –  |
| Address – |
| Telephone number – |
| Relationship –  |

|  |
| --- |
| **Referrers Details:** |
| Name –  |
| Organisation –  |
| Telephone number – |
| E-mail address – |
| Relationship to young person – |

|  |
| --- |
| **Educational Information:** |
| Pupils school attendance information, including attendance percentage –  |
| Academic information (including attainment/progress data):English – Maths – Science – Other –  |
| Does the young person have an ECHP? (if so, please include a copy with the referral) –  |

|  |
| --- |
| **Referral Information:** |
| Reason for referral: |
| Other relevant factors i.e. family dynamics, potential risk factors (CSE, Radicalisation, gang activity): |
| Is there social care involvement? If so, please provide further information including social workers name and contact details: |
| Has this referral been discussed with the young person? –  |
| Has this referral been discussed with the parent/carer? –  |

|  |
| --- |
| **Desired Outcomes:** |
| Desired outcomes of tuition: |

|  |
| --- |
| **Session Information:** |
| Number of lessons per week –  |
| Length of each lesson –  |
| Number of weeks –  |
| Proposed start date –  |
| Proposed location of tuition –  |
| Are there are times/days that should be avoided? –  |

|  |
| --- |
| **PLEASE RETURN COMPLETED FORMS VIA E-MAIL TO****info@evolveandadapt.co.uk** |

Depending on the nature of the referral we may contact you to request further information that will be used to support the CYP and demonstrate impact of intervention