

The Bridge Referral form

Date		Referrer name	
Name of child		DOB	
Age		Year group	
Requesting Enrichment or Respite placement?		No. of days requested (1-3)	
Name of EISS Advisory Teacher supporting case			
Address of child			
How will the child travel to and from The Bridge?			
Name of parent/ carer 1 Phone number Email address	1. 2. 3.		
Name of parent/carer 2 Phone number Email address	1. 2. 3.		
Parent address if different to child			
School name			
School contact 1		Job title	
School contact 1 phone number		School contact 1 email	
School contact 2		Job title	
School contact 2 phone number		School contact 2 email	
EHCP	Yes/No/In Process	EHCP Coordinator	(name)
Pupil Premium	Yes/No	Child Looked After (CLA)	Yes/No
Current attendance %		Attendance % for last academic year	
Number of FTEs this academic year		Number of FTEs for last academic year	
SEN diagnosis and/or			

additional needs	
Educational psychologist	Yes/No (If yes, provide name and email)
Social worker	Yes/No (If yes, provide name and email)
Family support worker	Yes/No (If yes, provide name and email)
Emotional Health Service	Yes/No (If yes, provide name and email)
CAMHS Tier 3	Yes/No (If yes, provide name and email)
Additional Information	

Individual Risk Assessment

Please complete the following sections using professional judgement and experience

Is the student mature enough to:	a) travel to and from off-site learning safely	Yes	No
	b) be unsupervised during break/lunch periods	Yes	No
	c) behave responsibly whilst off-site	Yes	No
Does the student have any behaviour needs that could place him/her at more risk when working off site?		Yes	No
Could the student's behaviour needs increase the risk to other students when working off site?		Yes	No
Please add any additional information to any areas of concern including support strategies required:			

General Attitude

Positive Dimensions	1	2	3	4	Negative Dimensions
Relates well to peers					Does not relate well to peers
Respects others property					Does not respect others property
Appears confident					Seems Shy/Lacking in Confidence
Abides by school rules					Does not abide by school rules
Enjoys new situations					Unhappy in new situations
Pupil cares about own performance					Pupil does not care about own performance
On time for school					Late for school
Extrovert					Introvert
Motivated					Not motivated
High Self Esteem					Low Self esteem

Classroom Behaviour					
Positive Dimensions	1	2	3	4	Negative Dimensions
Works well with peers					Disrupts peers
Always follows instructions					Never follows instructions
Works well independently					Needs close supervision
Co-operative					Unco-operative
Speaks / answers politely					Speaks / answers impolitely
Good concentration					Poor concentration
Controls self well					Lacks self control
Moves on to next task well					Disturbs others between tasks
Settles down to routine					Difficult to settle in to routine

Conduct in a Workshop or Practical Environment					
Positive Dimensions	1	2	3	4	Negative Dimensions
Can be trusted with equipment					Does not use equipment in a safe way
Conducts him/herself within safety guidelines					Puts him/herself or the safety of others at risk
Stays on task					Rarely on task

Is co-ordinated and has no problem with practical tasks					Has difficulty completing practical tasks due to manual dexterity
Always wears the correct attire for tasks					Rarely has the correct attire

Are there any concerns relating to the following of which The Bridge should be aware of?		
	Yes/No	Brief note or contact for further details
Violence: Verbal		
Violence: Physical		
Substance/Alcohol misuse		
Medical Issue		
Police Involvement		
Sexualised behaviour		
Anti social behaviour		
Self harm		
Other (please state)		
Please add any additional information here if necessary:		

Please identify any intervention strategies that have been implemented to improve motivation and/or behaviour and highlight which have been effective or ineffective	
Effective	Ineffective

Please use the space below for any additional information that you think may be required (i.e. communication difficulties, lack of confidence)

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Headteacher/SEN Service signature	
Date	
Parent's or carer's signature	
Date	

Document checklist

Last school report		IEP/support plan including current SEMH targets, etc		EP report (if applicable)	
S&L report (if applicable)		OT report (if applicable)		EISS referral, VSR and any other documentation	