

SOUTHWARK MANAGED MOVE INCLUSION PANEL REFERRAL FORM

(Please read guidance on final page before completing form)

<u>Referring School:</u>	<u>Date Referral sent to MM Panel:</u>	<u>Date of MM Panel</u>
<u>Receiving School/Alternative Education:</u>	<u>Mid Point Review Date:</u>	
<u>Date taken on roll:</u>	<u>Other outcome:</u>	<u>Date:</u>
<u>Pupil's Name:</u>	<u>DoB:</u>	<u>Year Group:</u>
<u>Address:</u>	<u>Telephone:</u> <u>Mobile:</u> <u>Emergency No:</u>	LAC: NO Delete as appropriate
<u>Parent's Name:</u>		
<u>Parent's address:</u>		
<u>Other person with parental responsibility:</u>		

<u>Referring School:</u>		<u>Date Referral sent to MM Panel:</u>		<u>Date of MM Panel</u>	
Main reason for Referral:					
<i>Parental agreement to referral obtained by: _____</i>					
LEARNING					
SATs		English		Maths	
KS2					
KS3					
KS4					
Currently working at level/grade:		See above			
Has the pupil been offered an alternative curriculum? YES/NO (delete as appropriate)					
Stage: (please tick)	SA	SA+	Statement	Annual Review	
Additional documents available:					
BEHAVIOUR					

<u>Referring School:</u>	<u>Date Referral sent to MM Panel:</u>	<u>Date of MM Panel</u>
Has the pupil had any short term exclusions?		
If yes, please give details of dates and reason:		
Does the pupil have a Pastoral Support Programme, an IEP or a PEP?		YES/NO
ATTENDANCE		
What is the pupil's percentage attendance for the current year?		
Referral to EWS: not currently but has been in the past – likely to be re-referred now.		YES/NO
GENERAL		
Agencies involved:		
<i>Agency</i>	<i>Key Worker</i>	<i>Involvement</i>
YOS		
CAMHS		
Autism Outreach		
SEN		
Behaviour Support		
Educational Psychologist		
EOTAS		
Medical		
Social Services		

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Other		
MEDICAL		
Does the pupil have any medical condition affecting educational provision? If yes please give details:	YES/NO	

Signed:

Date:

(Head teacher)

Guidance on Completing Referral to Managed Moves Inclusion Panel

- All applications must be transmitted by email to the Chair of MM Inclusion Panel a minimum of 5 working days before the date of the MM Inclusion Panel; via this completed form in order to be considered.
- Parental/Carer's permission must be obtained prior to referral.
- Any confidential supporting information should be made available if requested eg. PSP reports etc.
- A referral will not be considered at the MM Inclusion Panel unless a representative of the referring agency is present.
- Completed referrals should be forwarded to earlyhelp@southwark.gov.uk for the attention of the Education Inclusion Team Manager.