| Student Details | | | |
| --- | --- | --- | --- |
| Name of Learner |  | DOB |  |
| School Year |  | Age |  |
| Gender |  | Ethnicity |  |
| EHCP | Yes / No | Last Annual Review Date |  |
| Young Carer | Yes / No | Registered Carer? | Yes / No |
| Current Address |  | Pupil Premium | Yes / No |
| Any Formal Diagnosis |  |
| Post Code: |  | Primary Need |  |
| Other Involved Professionals(SEND, CIN, LAC, CAMHS etc.) |  | | |
| Safeguarding info - ESA / CIN, CP |  | | |

| Further Student Details | | | |
| --- | --- | --- | --- |
| ULN |  | UPN |  |
| Current Working Level |  | Current School Attendance |  |
| Current School |  | Current School Address |  |
| Primary School Contact |  | Contact Information |  |

| Parent/Carer Details | | | |
| --- | --- | --- | --- |
| Name of Parent/Carer |  | Contact Number |  |
| Relation to student |  | Contact Email |  |
| Current Address |  | Postcode |  |

| Other Emergency Contact Details | | | |
| --- | --- | --- | --- |
| Name |  | Contact Number |  |
| Relation to student |  | Contact Email |  |
| Address |  | Postcode |  |

| Intervention Targets | | | |
| --- | --- | --- | --- |
| This section is where the commissioner should detail their main struggles with the student at their current setting and outline a set of targets that they wish for us to work on during the intervention period. | | | |
| Brief Profile of young Person |  | | |
| Reason For Referral |  | | |
| Concern Presenting |  | Desired outcome |  |
| Concern Presenting |  | Desired outcome |  |
| Concern Presenting |  | Desired outcome |  |

| **Provision Required** | | | | | |
| --- | --- | --- | --- | --- | --- |
| SAS Mentoring is able to offer additional support in blocked slots.  This is either:  A morning session 9:00-12:00 costed at £235  Afternoon session 12:30-15:00 costed at £225  Please indicate desired sessions for the student below. These can not be guaranteed due to availability.  The student will be allocated to the most suitable mentor based on their needs. | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 09:00 - 12:00 |  |  |  |  |  |
| 12:30 - 15:00 |  |  |  |  |  |

| Referrer Details | | | |
| --- | --- | --- | --- |
| Person Making the referral |  | | |
| Invoicing Contact & PO(if required) |  | | |
| Safeguarding Chronology must be attached. | Time frame of chronology - | | |
|  | | |
| Behaviour Report must be attached. | Time frame of report - | | |

| **Current Risks Presenting** | **No Risk** | **Low** | **Medium** | **High** |
| --- | --- | --- | --- | --- |
| Non-attendance to sessions |  |  |  |  |
| Absconding from sessions |  |  |  |  |
| Inappropriate/dangerous behaviour in public areas |  |  |  |  |
| Unsafe behaviour in car |  |  |  |  |
| Unsafe behaviour online |  |  |  |  |
| Ignoring staff requests/refusal to follow instructions |  |  |  |  |
| Violence/Abusive behaviour at home |  |  |  |  |
| Violence/Abusive behaviour towards peers |  |  |  |  |
| Violence/Abusive behaviour towards staff |  |  |  |  |
| Violence/Abusive behaviour towards members of the public |  |  |  |  |
| Stealing from others |  |  |  |  |
| Being in possession of weapons/harmful objects |  |  |  |  |
| Being under the influence of illegal substances |  |  |  |  |
| Being in possession of smoking/vaping paraphernalia |  |  |  |  |
| Being banned/excluded from public areas |  |  |  |  |
| Requiring positive handling to keep them or others safe |  |  |  |  |
| Other (Please specify) |  |  |  |  |
|  |