

**Barnsley EAL and Traveller Achievement Form: Student Referral Form**

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| --- | --- |
| Name of Organisation making referral  | Date of referral  |
|  |  |
| Person making referral | Contact email address |
|  |  |

**Student Details**

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| --- | --- | --- | --- | --- |
| Name of student requiring support | D.O.B | Year Group | Gender | am or pm Nursery |
|  |  |  |  |  |
| Language spoken | Ethnicity  | Faith | Nationality  |
|  |  |  |  |
| Address | Contact telephone No |  |
|  |
| Reason for referral: | CAF Completed: | YES  | NO |
|  |
| Date of arrival in UK: |  | Date of admission to school/setting: |  |
| Actions school/setting has taken to date: |
|  |
| Other agencies involved: |
|  |

**Family Details**

|  |  |  |
| --- | --- | --- |
| Name of parent/carer/siblings: | Relationship with student: | Age: (If sibling) |
|  |  |  |
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**For Internal use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| No further action because: |  | Date: |  |
| Allocated worker: |  |
| Referral reasons: (please tick) |  |
| Support **in** school **(EAL)** | Child in Care (Looked after) **(LAC)** | Racist Incident **(RAC)** | Welfare**(WEL)** | **(EHE)**Elective Home Ed |
| Admission/ Transition **(TRAN)** | Child in Need/ Child Protection **(CP)** | Wayside Camp **(WAY)** | Attendance **(ATT)** | **(CME)**Child Missing Ed |
| Support **in** school **(GRT) Gypsy Roma Traveller** | Support **in** school (Ethnic Minority) **(ETH)** | Education & Support **out** to school **(EOS)** | Signposting**(SIGN)** | New Arrival**(NEW)** |
| Action:  | Single session support  | SMART Core | SMART Supplementary  |

Please return form to: Admin – admincd@barnsley.gov.uk