**Education Advice Referral Form**

***Name of SW or School Staff member referring:***

Part A: Questions for professionals to consider

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| ***Child’s name*** |  |
| ***Year group and School/college*** |  |
| ***Care plan (CiN/CPP)*** |  |
| ***Attendance to date (%)*** |  |
| ***Any known SEND*** |  |
| ***Eligible for FSM?*** |  |

***What strengths and interests does the child/ young person have?***

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***What concerns are there?***

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| **The Young Person’s views** |

***What support/intervention has been provided and what has been the impact?***

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***What outcomes are you hoping for?***

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***Any other information:***

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Part B – Recommendations discussed (to be completed by the Virtual School)

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| **Date of education consultation:** |  |
| **Attendees:** |  |
| **Recommendations:** | |