Canopy Forest School

ADMISSIONS AND REFERRAL FORM FOR SCHOOLS

To be completed for each pupil taking part in Canopy Forest School's alternative provision. Copies to be retained by provider and school. This document forms an audit trail.

Pupil Name:	
School:	
Date of birth of pupil:	
School Year:	
SEN Primary and additional needs please detail:	
Current previous school provisions:	
Attendance History:	
Health needs, including support and resources:	
Behaviour and exclusions, including dates and any behaviour plans	
Safe Guarding Records we need to know about:	
Risk Assessment records:	
Initial review date:	

Emergency Contact Information

Emergency contact telephone number:		
Name of DR:		
Address of surgery:		
Has consent been given for 1st Aid?	Yes	No
Have parents/carers consented for student to attend?	Yes	No
Have parents/carers signed the parent agreement form?	Yes	No

Information about the provision with Canopy Forest School

Planned start date for provision:	
Planned end date for provision:	
Initial review date:	
Proposed number of hours per week:	

Proposed Individual Pupil Timetable

	Morning 10-12 am	Afternoon 1-3 pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Proposed Personalised Learning Plan

Please note that if the student has a pupil passport, behaviour plan or EHCP please attach

Key skills to be developed/linked targets (EHCP outcomes if SEND)	**Description of skill**	**Personal Target**	**Progress**
Personal, Social Development			
Pastoral support			
SEND support – how tasks should be adapted			
Other Learning Support Relevant to pupil / Other subjects			

Signed:

Date: