



10 Hawthorn Avenue
Cimla
Neath
SA11 3NW

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* Delete as applicable			
Referral Form			
Pupil Name:			
Date of Birth:			
Sex: Male / Female*	NCY:	LAC: Yes / No*	
Is the pupil on the CP register?	Yes / No* If Yes, name of Social Worker:		
Name of Parent / Carer			
Address:			
Postcode:			
Contact Telephone nos.	Home:	Mobile:	
Name of School:			
Name of School Contact:			
Telephone no.			
Email address:			
Please tick the pupil's status on the ALN Register:			
Undergoing Assessment		Statement	
School Action+		School Action	
Please tick what are the recognised need/s of the pupil on the ALN Register?			
Learning Difficulties		Social, Emotional, Behavioural	
Physical Impairment		Speech/Language and Communication	
Visual Impaired		Hearing impaired	

* Delete as applicable			
Educational Information:	Reading Age		Spelling Age
Please give a brief description of the need and support currently provided together with any positive and negative interventions implemented by school and other agencies:			
Is the pupil a young carer? Yes / No*			
Does the pupil have any difficulties relation to MEN / WOMEN/ BOTH / NEITHER*			
What are the main challenges this pupil faces in a school environment?			
Substance / Alcohol misuse:		Self Harm:	
Bullying:		Defiance:	
Verbal aggression towards staff:		Violence toward staff / pupils:	
Verbal aggression towards peers:		Carrying weapons:	
Other: <i>please indicate:</i>			
Please state the what support is required and the desired outcome of from B.E.S.T. intervention?			

* Delete as applicable

Accompanying Information: <i>Please attach any relevant information that will help B.E.S.T. to support this pupil.</i>	
	Attached
Pastoral / Behaviour Support Plan	
Individual Education Plan	
Risk Assessment	
Children's Services / TAF referral	
Any other relevant documentation	
Please confirm parental consent has been obtained? Yes / No*	
Referred by <i>print name</i>:	
Post Title:	