**HIGH RISK GROUP REFERRAL FORM**

**2025-2026**

**~ A funding & advice panel for young people at SEND K at risk of Permanent Exclusion ~**

**\*For children with an EHCP who are at risk of Permanent Exclusion schools should requesting an Interim Annual Review & Placement Maintenance support from the EP team alongside completion of** Appendix K**\***

Requests for advice & or funding can be made to the HRG panel when all other strategies and support provision on the **Graduated Response for Children and Young People at Risk of Exclusion flowchart** (Appendix B) have been actioned, implemented, embedded and evaluated yet the risk of exclusion remains AND schools can evidence a **minimum of £3000 notional SEND allocation** from the start of the current academic yearfor the pupil at risk, with the **minimum evidenced amount of support increasing as the academic year progresses:**

* *referrals in* ***term 2*** *should have evidenced a* ***minimum of £3,000***
* *referrals in* ***term 3*** *should have evidenced a* ***minimum of £4,000***
* *referrals in* ***term 4*** *should have evidenced a* ***minimum of £4,500***
* *referrals in* ***term 5*** *should have evidenced a* ***minimum of £5,000***
* *referrals in* ***term 6*** *should have evidenced a* ***minimum of £5,500***

Please complete the referral form fully to support the triage process and to allow professionals opportunities to consider cases prior to the panel.

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| **Contact details of**  **referrer** | **Name & role in school:**  **Email:** | | |
| **Contact details of**  **finance point of contact** | **Name:**  **Email:** | **Date of**  **referral** |  |

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| **Cluster Lead SENDCo discussion & recommendation for referral to HRG**  ***\*****Schools* ***must*** *have a discussion with the Cluster Lead/ SENDCo regarding the case when, despite all aspects of the graduated response for exclusions having been actioned, embedded & reviewed, risk of exclusion remains. A referral to HRG will be agreed with the Cluster Lead/SENDCo if there is agreement that all avenues of support have been evidenced. The Cluster SENDCo will alert the HRG triage group to an incoming referral\** | |
| **SEND Cluster** |  |
| **Date of discussion** |  |
| **Brief overview of cluster support utilised & discussion/ advice given by Cluster SENDCo** |  |

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| **Name of**  **student** |  | **Age & Year Group** |  |
| **School** |  | **Resident of South Glos.?**  (Y/N (+ LA)) |  |
| **Previous school (s)** |  | **Attendance %**  *Please provide a copy of the attendance certificate* | **24-25:** |
| **25-26:** |
| **Ethnicity** |  | **Receipt of Pupil Premium Grant** (Y/N) |  |
| **Sex** |  | **Gender** |  |
| **Primary SEN Need**  *ADHD/ ASD/SLCN/ SEMH/*  *MLD/ SLD/*  PD/ VI/ HI/ MSI |  | **Secondary SEN Need**  *ADHD/ ASD/SLCN/ SEMH/*  *MLD/ SLD/*  PD/ VI/ HI/ MSI |  |
| **Parent/carer completed Information Sharing Consent Form** (Y/N + Date) |  | **Number of days suspensions & incidents of repeat suspensions** | **23-24:** |
| **24-25:** |
| **Previous PEX** (Y/N) |  |

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| **When submitting the referral please attach a Support Plan or equivalent APDR paperwork** |
| *Please ensure that the APDR cycle has been completed with evaluation and impact consideration included. Any referral which does not include at least one APDR cycle will be returned to the school.* |

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| **Child’s voice**  *Describe your experience of school at the moment… What is going well? What could be going better?* |
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| **Parent’s voice**  *Describe your child’s experience of school at the moment… What is going well? What could be going better?* |
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| **SEN Info/Assessment** | ***Details of recent SEND assessments completed***  *(e.g. EP assessments/ SALT assessment/ Boxall/ SDQ/ Thrive) & outcomes (including any referrals, pathways in progress or diagnoses made)* |
| Cognition & Learning |  |
| Communication & Interaction |  |
| Social Emotional and Mental Health |  |
| Sensory and Physical/ Medical |  |

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| **Professionals’ involvement**  *Schools should provide the* ***latest professional’s report, written feedback*** *or* ***referral form*** *(where schools have requested professional support but awaiting a date/service capacity) for all* professionals involved | |
|  | **Brief summary of advice/actions/impact.** |
| **PLC Education Inclusion Officer**  (*commissioned by Cluster)*  ***(Please include latest report/s)***  ***\*****Schools* ***must*** *utilise this offer\** |  |
| **Inclusion Specialist Support**  *(ISS, BSS or school/Trust Commissioned)*  ***(Please include latest report/s, written feedback or referral form if awaiting date/service capacity)***  ***\*****Schools* ***must*** *engage with an inclusion specialist service\** |  |
| **Educational Psychologist**  ***(Please include latest report/s, written feedback or referral form if awaiting date/service capacity)*** |  |
| **EHAP/TAC/Internal support plan**  ***(Please include latest plan)*** |  |
| **Education Inclusion Project (EIP)**  ***(Please include latest report)*** |  |
| **Families Plus or Young People’s Service** |  |
| **Social care involvement**  *Open for Assessment, CiN, CP, CLA, CiC,* kinship or historic involvement |  |
| **Young Person’s Drugs and Alcohol Service (YPDAS)** |  |
| **Youth Justice Service (YJS)** |  |
| **Violence Reduction Partnership (VRP)** |  |
| **Other agencies or charity**  *(Mentoring services, AP, Barnardos, Julian House, Southern Brooks etc)* |  |

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| **Health Professionals involvement (Include dates and number of reviews)**  *Schools should provide the* ***latest professional’s report, written feedback*** *or* ***referral form*** *(where schools have requested professional support but awaiting a date/service capacity) for all* professionals involved | | |
| **Professional** | **Diagnosis/ summary of advice** | **Case remains open or date closed** |
| Paediatrician |  |  |
| PMHS |  |  |
| CAMHS |  |  |
| SALT |  |  |
| OT |  |  |
| Physiotherapy |  |  |
| Other |  |  |

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| **Alternatives to exclusion used** | | |
|  | **Dates** | **Summary or action & impact evaluation** |
| **Other reasonable adjustments made to support learner**  *(Please include any adjustments not included on the SEND/My Plan/ APDR paperwork e.g. uniform adaptions, behaviour policy adaptions)* |  |  |
| **Access to school resource base or enhanced school provision**  (*Please provide a brief overview of what the provision looks like & details*) |  |  |
| **Reduced timetable**  (*Please provide a copy of the reduced timetable & reviews*) |  |  |
| **Access to Alternative Provision**  (*Please provide a summary of the provision & a copy of latest review*) |  |  |
| **Off-site direction to improve & support behaviour**  (*Please provide a copy of latest plan & review*) |  |  |
| **Included in school-based project to reduce exclusion (school MAT, LA or Cluster funded)**  (*Please include details or project & summary of involvement/impact*) |  |  |
| **Therapeutic/Counselling support**  (*Please include details or project & summary of involvement/impact*) |  |  |
| **Other** *(Please detail)* |  |  |
| **Previous referral/ discussion at HRG**  (*Please include summary of advice given and actions advised with impact evaluation*) |  |  |

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| **Pupil Pen Portrait**  *The information you share will support the panel in understanding the needs of the CYP & will be used by the panel to summarise the case you’re bringing for support*  ***You should refer to,***   * *Brief description of current presentation of needs in school* * *Strengths & any barriers to learning/ engagement* * *Interests & aspirations* * *Current academic assessments (note any significant changes to historic achievement)* * *Plans for the student (e.g. EHCNa submitted, neurodiversity pathway referral, Early College placement, AP)* | | | | | | | |
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| **Interventions or AP already used to reduce the risk of exclusion this academic year 2025-26**  *Please record below costed provision/ interventions or AP this student has received YTD (25-26)* | | | | | | |
| *Any referrals submitted in term 2 (autumn) should reflect a minimum of £3000 additional support beyond universal provision, increasing by a minimum of £500 each half term through the academic year i.e referrals submitted in term 6 should demonstrate a minimum of £5,500 of the pupil’s notional £6000 SEND spend.*  *Costs of interventions should be recorded per child, rather than per group.*  *Costs should not include projections of future support; SLT time; staff already in role but have been moved across to support the student (unless backfilled), transport costs, resources such as laptops or costs of professional observations or support.*  *Please refer to Appendix H for an example of a completed* **Costed provision record** | | | | | | |
| **School staff member initials or AP provider or other** | **Intervention** | **Start date** | **End date** | **Cost of intervention for the student per session x number of sessions** | **Total cost of intervention/ AP** | **Please confirm that any staffing has been employed specifically to this intervention** |
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| **TOTAL COST OF ALL INTERVENTIONS/ AP/ SPENT ON PUPIL SINCE THE START OF 2025-26 ACADEMIC YEAR:** | | | | |  | |

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| **HRG Funding Support**  ***\*Only complete this section if you are requesting financial support from the HRG panel\**** | | | | | |
| *Detail below the intended provision to be put in place if HRG funding support is agreed*  *(up to a maximum of £3,000).*  *Please refer to Appendix G for an example of a completed* **costed provision plan/ request for HRG financial support** | | | | | |
| **Intervention/**  **provision or AP** | **Recommended by**  *(EP, SALT, OT, Inclusion Service etc)* | **Staffing/**  **frequency** | **Intended start date** | **Intended review date** | **Cost per day/week x weeks of intervention (per pupil)** |
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|  | | | | | **TOTAL HRG FUNDING REQUESTED**  (max £3,000) |