

# English as an Additional Language referral form

Notes for completing this form:

* Please ensure you comply with Data Protection & Security guidelines by returning the completed form securely. The preferred method is via AnyComms using the ‘Additional Needs’ tab in the drop down list and marking FAO EAL Service
* **This form will be returned if not completed in full.**

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| **Section 1: English As an Additional Language Referral Form** |
| Name of School: |  |
| Referrers Contact Name: |  |
| Referrers Position:  |  |
| Contact Telephone Number:  |  | Contact Email: |  |
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| **Section 2: Child’s Details and Nationality** |
| Full Name: | Date of Birth: | Gender: | Nationality: |
|  |  |  |  |
| Name Child called at School:  | Name Child called at Home: | Religion: | UPN: |
|  |  |  |  |
| Year Group | Attendance: | Date of Arrival:  | Date of School Admission: |
|  |  |  |  |
| **Please indicate whether the pupil falls into the following categories*:*** |
| GRT: |  | SEN: |  | LAC: |  | PP: |  | FSM |  |
| **Educational Experience** Previous schools attended, in this country and abroad with dates |
| Pre-School: |  |
| Non UK Schools: |  |
| UK Schools: |  |
| If pupil is of secondary age, please list subjects taught at previous school |
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| **Section 3: Parent/Carer Contact** |
| Parent Carer Name/s: | Relationship to Child: | Address: | Telephone No: |
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| Other Contact Details: |  |
| Other Children in household if known: (including child’s position in the family)  |  |
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| **Section 4: Languages**  |
| Languages spoken at home by family members to child: |
| Mother |  | Father |  |
| Siblings |  | Grandparents |  |
| Languages used by family members to child |  |
| Can child read/write languages other than English? |
| Writes in |  | Reads In |  |
| Is the child learning to read/write in languages other than English? |
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| **Section 5: Reason/s for Referral**  |
| Details including any barriers for learning e.g. home support, speech and language, academic difficulties: |
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| **Section 6: School Interventions Tried**  |
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| Previous Referral to the EAL Service? | Yes/No | Date |
|  |  |  |
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| **Section 7: School Data** |
| **Academic Achievement (if applicable)**  |
| Speaking: | Reading: | Writing: | Maths: |
|  |  |  |  |
| **Special Educational Needs:**  |
| SEN Support/Disability: | Top Up Funding: | EHCP: | EHCP initiated: |
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| **Section 8: Plans and Other Agencies Involved** |
| PSP: | Date: | EHA: | Date: | PEP: | Date: | EP: | Date: | Social care: | Date: |
| Y/N |  | Y/N |  | Y/N |  | Y/N |  | Y/N |  |
| CAMHS: | Date: | SALT: | Date: | EAL: | Date: | FSW (from EHA) | Date: | SEMH project | Date: |
| Y/N |  | Y/N |  | Y/N |  | Y/N |  | Y/N |  |

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| **Section 9: Pupil Information** |
| **Pupils Strengths/Interests:**  |
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| **Section 10: What are your desired outcomes** |
| **What do you hope the outcome of this referral will be?**  |
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| **Section 11: Parental consent & data processing** |
| School has discussed this referral with me, and I consent to the involvement of the EAL Service. *Please tick* 🖵I have read the Privacy Notice provided and give permission for the data in this form to be processed and shared with my child’s school and Herefordshire Council’s Education Services. I understand that I can withdraw my consent for data processing at any time. *Please tick* 🖵Signed ……………………………………… parent/guardian date …………………………….. |
| Name of Referrer: |  | Signed: |  |
| Role: |  | Date: |  |

**For Office use only**

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| EAL staff allocated: | Date: |