

# 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: | |
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| Name Child called at School: | | | | Name Child called at Home: | | | | Religion: | | UPN: | | | | |
|  | | | |  | | | |  | |  | | | | |
| Year Group | | | | Attendance: | | | | Date of Arrival: | | Date of School Admission: | | | | |
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| **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) |  | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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? | | | | |  | | | | | | | |
| **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: | | | | |
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| **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: |