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| **AST R - ATTENDANCE SUPPORT TEAM REFERRAL FORM** | | | | | | | | | | | | | |  | | | | | | |
| **School:** | |  | | | | | | | **Date:** | | | | | | |  | | | | |
| **Completed by:** | |  | | | | | | | **Job Title:** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Name of Pupil:** | |  | | | | | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | **DOB:** | | | |  | | | | | | | |
| **M/F?** | | |  | | | | | | | | |
| **School Year and Tutor Group:** | | | | | | | | |  | | |
| **Postcode:** | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Natural Mother:** | | |  | | | | | | | **Natural Father:** | | | | | | |  | | | |
| **Address**  **(If different to pupil)** | | |  | | | | | | | **Address**  **(If different to pupil)** | | | | | | |  | | | |
| **Home Telephone Number:** | | | |  | | | | | | **Home Telephone Number:** | | | | | | | |  | | |
| **Work Telephone Number:** | | | |  | | | | | | **Work Telephone Number:** | | | | | | | |  | | |
| **Mobile Telephone Number:** | | | |  | | | | | | **Mobile Telephone Number:** | | | | | | | |  | | |
| **Other Parent/Carers living at Pupil’s Address:** | | | | | | | |  | | | | | | | | | | | | |
| **Parents’ first language:** | | | |  | | | | | | **Are parents literate?** | | | | | | |  | | | |
| **Religion:** |  | | | | | | | | | | **Ethnic Group:** | | | |  | | | | | |
| **Knowledge of any siblings?**  ***Names, schools, ages, any other information*** | | | | |  | | | | | | | | | | | | | | | |
| **Does the child have an ECHP or SEND?** | | | | | | |  | | | **Is the pupil subject to a CP or CIN?** | | | | | | | | | |  |
| **Is the School Nurse involved?** | | | | |  | | | | | **Name of Social Worker:** | | | | | | | |  | | |
| **Early Help Assessment?**  ***If offered and refused, when?*** | | | |  | | | | | | | | | | | | | | | | |
| **Name of Lead Professional:** | | | |  | | | | | | | | | | | | | | | | |
| **Dates of any modified timetable:** | | | | | |  | | | | | | | | | | | | | | |
| **Alternative Education Providers:** | | | | | |  | | | | | | | | | | | | | | |
| **Is there an individual action plan in place?** | | | | | | |  | | | | | | | | | | | | If yes, please attach copies  of all action plans and/or parenting contracts. | |
| **Is there a parenting contract in place?** | | | | | | |  | | | | | | | | | | | |
| **What other referrals have been made to support the family?**  ***Please tell us your knowledge of any history of other agencies involved: Social Care, Police, Youth Offending Team, Early Intervention Teams.***  ***Please include names of workers involved and any other relevant information.*** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **What reasons were provided for ALL absence codes (please attach a current attendance print out – explain use of codes)**  **eg U code – what time did pupil arrive? I code – what information do you have regarding illness? C code – what were the ‘other exceptional circumstances’?**  ***If this referral is for an IUC this information will be required either by submitting a copy of the school Inventry Log or on headed paper as it will be used as an exhibit in the IUC)*** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **What actions have been taken by school to improve attendance?**  **Eg schools contact log, letters sent, meetings held and 1st day calls etc, attendance panel or attendance concern meeting.**  ***Please attach copies of any original signed school letters, the attendance register print out and contact log*** | | | | | | | | | | | | | | | | | | | | |
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| **What are you requesting from the Attendance Support Team?**  **(Please mark with an X)** | | | | |
|  | **AST 1A (First Warning Notice Aggravated)** | | **Date sent:** |  |
|  | **ASTY11 (First Warning Notice for Year 11)** | | **Date sent:** |  |
|  | **AST 2A (Final Warning Aggravated)** | | **Date sent:** |  |
|  | **Request for Interview Under Caution and subsequent court action**  ***Please attach completed IUC Request form and all necessary exhibits including attendance record, (Sect 9) witness statement, and any exhibits mentioned in the statement. The file will be forwarded to the legal team following the IUC (once transcribed). There is no period of review.*** | | | |
|  | **AST PNW (Penalty Notice Warning)**  ***A Penalty Notice Warning can be issued when a pupil has 20 unauthorised sessions within a term.*** | | **Date sent:** |  |
|  | **AST PN (Penalty Notice)** | | **Date sent:** |  |
|  | **AST HPN (Holiday Penalty Notice)**  ***HPN’s can be issued for 10 sessions or more unauthorised absences, pupil must have returned to school.*** | | **Date sent:** |  |
|  | **AST HWN (Holiday Warning Notice)** | | **Date sent:** |  |
|  | **Request for any other AST intervention**  ***Please comment.*** |  | | |

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|  | **I confirm that the school will not routinely authorise any further absences without justifiable evidence once any Warning Notice has been requested from the Attendance Support Team and that parent(s)/carer(s) have been advised of this fact.** |

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| **For AST Use Only** | | | | |
| **Referral Agreed?** |  | | **Date:** |  |
| **Reason for not accepting referral:** | |  | | |
| **Advice sent to school with suggested School Action:** | |  | | |