

Email: [education@adoservices.co.uk](mailto:education@adoservices.co.uk)

Website: [www.adorivervalley.co.uk](http://www.adorivervalley.co.uk)



Once complete please attach any relevant documents and return securely to the email stated above.

**ADO Education Referral Form**

Referrer Details

<b>Name:</b>	<b>Job Title:</b>
<b>Agency:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>E-mail:</b>
<b>Date of Referral:</b>	<p>Please note we no longer offer this service as a short/midterm option, if you are looking for this then please see the details for our 'Therapeutic Day Service'</p> <p><i>Long Term Placement (1 year- full education duration, which could include Post-16)</i></p>
<p><b>How long have you worked with the Young Person? (Please tick)</b></p> <p><input type="checkbox"/> Less than 6 months      <input type="checkbox"/> 1-2 years</p> <p><input type="checkbox"/> 6 months to 1 year      <input type="checkbox"/> More</p>	<p><b>In what capacity? (Please tick)</b></p> <p><input type="checkbox"/> Local Authority</p> <p><input type="checkbox"/> Teaching Professional/Current School</p> <p><input type="checkbox"/> CAMHS</p> <p><input type="checkbox"/> Fostering Agency</p> <p><input type="checkbox"/> Social Worker</p> <p><input type="checkbox"/> Other (please Specify):</p>

Student Details

<b>Full Name:</b>  <b>Preferred Name: (if different to above)</b>		<b>Gender Identity:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/ non-conforming <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Date of Birth:</b> <i>Please note this service is only available for KS4-Post 16.</i>		<b>Telephone:</b>	
<b>School Year:</b>		<b>Key Stage:</b>	
<b>Ethnicity (Please tick all which apply):</b>			
White	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Other Black or Black British	<input type="checkbox"/>
Asian or British Asian	<input type="checkbox"/>	Other ethnic background	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Mixed ethnicity Other	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Not Declared	<input type="checkbox"/>		<input type="checkbox"/>
<b>Address:</b>  <b>Postcode:</b>		<b>Student's UPN (if known):</b>  <b>Student's ULN (if known):</b>	
<b>Is This Student Under:</b> (Please tick where applicable)			
<input type="checkbox"/> Social Worker		<input type="checkbox"/> Looked After Child (LAC)	
<input type="checkbox"/> Child In Need (CIN)		<input type="checkbox"/> Sibling on Child Protection	

Child Protection (CP)

Other: *Please State* \_\_\_\_\_

**Please send any supporting documents at the time of referral.**

**Does this student have a Safety Plan?**

Yes

No

Unsure

If 'Yes', please send the safety plan with the referral and any other supporting documents.

**Please list previous education placement/school or current home school for dual roll purposes. Please also include duration of attendance at that setting, and what subjects the student is taught at the setting:**

*Please send the child/young person's latest education report to assist us with forming a baseline for this student.*

**Do you have access to the student's last attendance record?**

Yes

No

*If 'Yes', please send a copy of the attendance record along with the referral.*

**If 'No' please advise who we can contact to obtain this:**

**In your opinion, why would this student benefit from our Outdoor Education Services?**

**Which educational qualifications is the student interested in?** *(Please note that this service is designed for KS4-Post16 and the below courses can be applied dependent on academic and emotional ability to each individual student.)*

Animal Care: (AQA Awards or BTEC)

Equine Studies: (AQA Awards or BTEC)

Countryside & Environment: (AQA Awards or BTEC)

Sport Activity & Fitness, Sport Leadership, Outdoor Sport (AQA Awards or BTEC)

Youth & Healthcare (AQA Awards or BTEC)

Business Studies (AQA Awards or BTEC)

Functional Skills (Maths/English/ICT): Entry Levels 1/2/3, and Level 1 and 2

<p><b>How does this referral link with their current education plan?</b></p>
<p><b>In your opinion, have any specific education interventions or strategies and/or psychological interventions been helpful in supporting this student?</b></p>
<p><b>Would this student benefit from any specific embedded therapeutic workshops to increase their emotional resilience, well-being and coping skills?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Unsure</p> <p><i>If 'yes', please tick below which ones;</i></p> <p><input type="checkbox"/> Managing Stress                      <input type="checkbox"/> Managing Depression                      <input type="checkbox"/> Managing Anger</p> <p><input type="checkbox"/> Managing Anxiety                      <input type="checkbox"/> Developing Social Skills</p> <p>Our model provides a combination of Cognitive Behaviour Therapy, Relaxation Therapy, Animal Therapy and Occupational Therapy to suit the needs of each individual and support the students' wellbeing.</p>
<p><b>In your view, would you like the student to have access to 1:1 Outcome Therapy sessions within their timetable when on site with us? (Please note it is not suggested for individuals to have therapy sessions with us if they are already accessing this from another provider such as CAMHS)</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Sure</p>
<p><b>How many days provision per week are required at this stage?</b></p> <p><b>Which days would be ideal for consideration around the student's current schedule?</b></p>

Clinical Details

**Does the student have an Education and Health Care Plan?**

*If 'Yes' please attach a copy of the care plan and send securely*

- Yes       No       In Progress

**Does the student have an Educational Psychologist Report?**

*If 'Yes' please attach a copy of the report and send securely*

- Yes       No       In Progress

**Does the student have any Medical Diagnosis :**

- Yes       No

If 'yes', please detail:

**Does the student require any medication administered during the school day?**

- Yes       No       Unsure

If 'yes', does student experience any side effects with this medication?

- Yes       No       Unsure

**Please give a brief description of the student's mental health or behavior:**

**Please give details of any intellectual difficulty or disability:**

**Please give details of any communication needs (*speech/language/hearing/sight*):**

**Please give details of any physical difficulties (*strength, stamina, motor skills, mobility*):**

**Please detail any additional information which may be relevant, including family background:**

Does the student have up to date tetanus cover?

Yes       No       Unsure

Does the student have a history in any of the following: *(Please tick)*

Self-harm or suicidal behaviour?       Yes       No       Unsure

Violence/ abusive behavior towards other students?       Yes       No       Unsure

Violence or abusive behavior towards staff?       Yes       No       Unsure

Violence or abusive behavior towards animals?       Yes       No       Unsure

Arson?       Yes       No       Unsure

Absconding from school?       Yes       No       Unsure

Convictions as a young offender?       Yes       No       Unsure

Alcohol or drug misuse?       Yes       No       Unsure

If any of the above applies please detail below:

The following is in relation to deterioration in the student's mental health.

Please list any early warning signs/triggers:

How do you feel ADO can best support the student in the short term?

How do you feel ADO can best support the student in the long term?

How would your referral like us to support them if their mental health was deteriorating?

*Note: If there are any changes with the student's mental health or medication, the referring organisation or parent-carer would be required to let us know as soon as possible.*

**Emergency contact details for the student:**

**Name:**

**Relationship:**

**Mobile Telephone:**

*(We use SMS or telephone calls to keep parent-carers up to date on their child/yp as required so please provide a phone number where permission is granted for both SMS and calls during the school day)*

**E-mail:**

*If the parent/carer that resides with the child/yp has any known additional needs or any information we should be aware of in order to support the family when liaising with them about their child/yp, please detail this here:*

**Assessment**

**BILLING INFORMATION:**

**Who will be funding the assessment/placement?**

Local Borough       School       Other *(Please Specify):*

Invoicing Contact Name:

Invoicing Contact Job Role:

Invoicing Contact Phone Number:

Invoicing Email Address for E-Billing:

Invoicing Client Address for System Purposes:

*Please Note: All billing fields require completion for system setup and assessments to be booked.*

*The assessment consists of a digital form which is to be completed prior to us meeting the individual. This is classed as 'Stage 1' of our assessment process, followed by 'Stage 2' which is a two day practical assessment. Please provide contact details for the most relevant person/s to undertake each part of the assessment.*

**Digital Assessment form:** *Our preference is for parent or care giver to complete this, as we have an understanding of professionals viewpoint from this form. However, in some cases we know this is not feasible and therefore please list the most relevant adult:*

Name:

Relationship/Role:

E-mail:

**Practical Assessment**

*(Maximum two adults; recommended one professional and one parent-carer).*

*The supporting adults will be required for the first 2 hours of the first day assessment. If the student settles within this time, the student is able to remain on site until the end of the school day. This allows staff to assess engagement and affirm we can safely meet their needs in the outdoor setting, before meeting them again for the second day.*

	Adult 1	Adult 2
Name:		
Relationship/Role:		
Telephone:		
E-mail:		

Thank you for completing the ADO Alternative Provision referral form.  
Please send this referral and any supporting documents, such as EHCP, CIN plans, Safety plans, to [education@adoservices.co.uk](mailto:education@adoservices.co.uk)

If you have any questions, please call **020 8850 6778**  
A member of the team will be in touch with you shortly.

*ADO Services is part of Animal Days Out C.I.C. - A Not For Profit Community Interest Company*