



THE BOX

A Social Space, Information Point &
Education Centre for Young People

Alternative Education Programme Referral Form

Name of Student:

Name of School:

Male/Female

D.o.B:

School Year:

Home Address:

Telephone:

Parental Contact (Name, Relationship to student & Telephone contact):

Named Contact within School:

Telephone (with extension):

Brief Academic History:

(Please also include all secondary schools attended, any attendance issues or exclusions)

Summary of Ability:

(Please include current levels of attainment and predicted grades for Maths, English and Science and a realistic expectation of achievement should this student remain in school. Please also include any other areas of interest or ability or any other courses undertaken in school, such as ASDAN)

Special Educational Needs:

(Please attach copies of any current Statement of SEN or IEP)

Relevant personal / family circumstances:

(Please also include involvement with other agencies or professionals, eg. TASCC, Social Services, CAMHS)

Other Relevant Information:

(Please include any information about the student's past experiences or current needs that might affect the curriculum we offer, the structure of our teaching or the dynamics of our groups)

Please summarise why you think this student would benefit from a place on The Box Alternative Education Programme:

(We recommend students are referred only when all other strategies have been unsuccessful in settling the student into mainstream education and the student is deemed to be at risk of exclusion or non-achievement in their current situation)

Name of Referrer:

Position:

Telephone Contact:

Signed:

Date:

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