# **Persistent Absence (PA) Referral Form 2024 - 25**

*Including Notice to Improve request*

**Guidance for referral**

Please work through the following to support your referral. **Incomplete forms will be returned.**

**SBC Decision Criteria:**

* The school has exhausted all of their own available interventions/strategies prior to a referral to SBC
* The child has missed at least 10% of their possible attendance
* Attendance concerns are NOT solely related to unauthorised holiday absences
* School has provided Attendance Action Plan been completed with the family e.g. setting expectations, targets/plans to help, and review notes added. This will be used to set targets for Notice to improve etc

**Checklist to support your referral:**

It is essential you provide this information, in the **Supporting Information** section below, as without this information SBC may request further details and thus delay your request:

* Has the school established the reasons behind the absence? Telephone calls/face to face meetings with family should go beyond the day-to-day absence notification process. This could include: Establishing reasons for illness, family circumstances and any issues at school – has the child/young person been given a voice and asked what their challenges are (wheel of life)?
* A key member of staff should be actively leading on the case by the time the PA referral is made, please ensure their details are the ones provided in the first section
* Have attendance barriers been identified and worked on i.e. illness, language barrier, school anxiety, SEND – school could complete a wheel of life
* Has the school engaged with any other relevant referral / support including in-house staff i.e. Early Help/Family Support, Social Care, School counsellor. Any MARF or other referrals?
* Have home visits been carried out, where deemed relevant?
* Have formal meetings been held, attended by an SLT person and which should include a conversation with the parent about possible next steps (warning periods / penalty fines)?

**Please be aware** if as part of this form you wish to request a Warning Period to be considered then there must be at least: **10 unauthorised sessions** of absence over a **10-week period** which can be any combination of O, U and G codes.

Please complete (***typed*** *not handwritten*) and return in **Microsoft Word format** to attendance@slough.gov.uk using the following text within the **subject box of the email**.

**Form to be titled:** **PA - School Name** - **initials of pupil’** – e.g. PA - Slough Secondary - JB

| Referrer | Details |
| --- | --- |
| Referrer Name  |  |
| Organisation |  |
| Name of person leading the case e.g. DSL, form tutor, SLT, SENCO |  |
| Contact numberEmail address |  |

| Pupil | Details |
| --- | --- |
|  Child’s full name |  |
|  Gender |  |
|  Date of birth |  |
| Year Group |  |
|  Ethnicity |  |
|  Address (address has been confirmed with parent or pupil) |  |
|  Known siblings - Sibling name/s and school name/s they attend |  |
|  Current Attendance (please attach, separately, a copy of child’s registration certificate): |  |
| Is the pupil known to children’s services?Please include details of all MARFS completed even if they did not become an open referral | Yes / No If yes give details: |
| Does the child have an EHCP? | Yes / No If yes give details: |
| Has the child historically been refused and EHC assessment? | Yes/No |
| Is the child eligible for FSM? | Yes / No If yes give details: |
| Child Looked After (CLA) ?  | Yes / NoIf yes give details |
| Any other relevant information (SEND, safeguarding concerns, poor attendance, parent non-engagement, communication)**YOU MUST** INCLUDE ALL INFORMATION ABOUT CAMHS REFERRALS AND ATTACH SEPARATELY COMMUNICATIONS RECEIVED FROM THEM | Details: |

| Parent/Carer | Details |
| --- | --- |
| Parent / Carer 1Full name: |  |
| Telephone number:  |  |
| Email address  |  |
| Parent / Carer 2Full name: |  |
| Telephone number |  |
| Email address |  |
| Home address (if different from pupil) |  |

**Education Status:**

Is the child registered as in full time education at your school? Yes / No (delete as appropriate)

If No, what arrangements are in place i.e. Managed move, Alternative provision, Temporary Reduced Timetable?.

This would be shown as codes B or D on the child’s register.

**Supporting Information** (alternatively please attach any relevant documents providing the information below)

1) School’s understanding of reasons for absence/chronology of contact and responses:

2) Support/Interventions provided:

3) Details of any further school action:

**Notice to Improve request**

Do you wish a Notice to Improve (NTI) to be considered for the pupil’s family as part of this referral? The school MUST attach the attendance action plan that has been set and work on.

Yes/No

**Remember you should have already discussed with parents at your meetings that a Notice to Improve may be issued if attendance does not improve.**

Date of O, U and G codes in a 10 week period to be considered:

**Declaration:**

I confirm that the details contained on this form are true to the best of my knowledge and belief. I authorise SBC to, where appropriate, instigate legal enforcement action as an outcome of this referral.

**Signature of Headteacher/Designated attendance lead/staff member leading the case:**

**Date:**