



THE SKYLARK PARTNERSHIP

Hospital and Outreach Education – Baseline Information Form (KS4)

Name of Pupil	Year Group
Name of School Contact	Contact Number
Email address	

Please complete all of the requested information on this form and return it with your referral.

PLEASE NOTE: we cannot offer any support without prior knowledge of attainment and achievement and without this information, the set up meeting and start of support will be delayed.

Please attach evidence of additional support you have provided, which may include IEP, ILP, PSP, or a PEP.

Information from last school report (or please attach a copy of the last report)

Teacher Assessment

Progress (please circle)	Good	Satisfactory	Cause for Concern		
Effort (please circle)	Excellent	Good	Satisfactory	Poor	Cause for concern

Subject	Effort	Current Level	Minimum Target level

Additional information: