

# Learning Mentor Referral Form

Date		Name of pupil		Class Teacher	
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<p><b>Reason for concern</b>  <i>(Anything at all that is relevant to why you believe there may be a problem)</i></p>	
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<p><b>Parental concerns</b>  <i>(Have the parents expressed any concerns)</i></p>	
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<p><b>Suggested targets to work on</b>  <i>(What do you believe might help the pupil)</i></p>	
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<p><b>Any measures you have tried or are planning to try in class? Would you like advice?</b></p>	
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Impact on learning/behaviour	1	2	3	4	5	6	7	8	9	10
	<p>A little <span style="font-size: 2em;">→</span> A lot</p> <p><small>Please circle</small></p>									

Urgency	1	2	3	4	5	6	7	8	9	10
	<p>Not urgent <span style="font-size: 2em;">→</span> Very urgent</p> <p><small>Please circle</small></p>									