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| **Service Level Agreement (SLA)****For the placement of pupils in LA commissioned Alternative Provision (AP)** |
| **THE PURPOSE AND TERMS OF THE SLA** |
| This agreement is between the home school and the AP and includes:* The child remains on roll with the home school and will be dual registered with the allocated AP and will return to their home school when the intervention is complete
* The AP will work in partnership with the home school to address attendance concerns
* Schools retain responsibility for the pupil during the AP placement
* Safeguarding concerns will be reported to the home school Designated Safeguarding Lead
* Schools will attend reviews and meet with the Tutor/Provider and parents to complete relevant education plans e.g. PEP, IEP or other
* Schools will maintain weekly contact with child and family during the period of tuition/provision and reviews will take place at least every 6-8 weeks
* Schools will work with AP providers to plan and implement any arrangements to assist with re-integration into school
* Schools remain responsible for Careers Education, Information, Advice and Guidance
* To ensure that the child remains part of the school community, all information for students, parents/carers is sent home even if the child is not attending school
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| **PUPIL’S DETAILS** |
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| **Family Name** |       |
| **First Name** |       |
| **Known As (if applicable)** |       |
| **Personal ID Number** |       |
| **Unique Pupil Number (UPN)** |       |
| **Date of Birth** |  | **Gender** | **Male** [ ]  | **Female** [ ]  | **Other** [ ]  |
| **Social Care Status** |  | **EHCP** [ ]  |

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| **PARTIES TO THE SLA** |
|  |
| **The School** |
| **Name of school** |       |
| **Address** |       |
| **Telephone** |       |
| **Email** |       |
| **Key staff name** |       |
|  |
| **The Provider** |
| **Name of AP** |       |
| **Address** |       |
| **Telephone** |       |
| **Email** |       |
| **Key staff name** |       |

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| **PLACEMENT DETAILS** |
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| **Admission Date** |       |
| **First Review Date** |       |
| **Review Frequency** |       |
| **Intended End Date** |       |

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| **EXPECTED OUTCOMES** |
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|  **Attendance to be reported weekly to home school with notification if child has not attended for 10 consecutive sessions** |
| **Outcome 1** | **Arrangements for review including frequency** |
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| **Outcome 2** |
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| **Outcome 3** |
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| **FINANCIAL ARRANGEMENTS** |
| **Payment** |
| **Cost to Home School** |  | **Agreed terms of payment** |  |
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| **Signatories to SLA**  |

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| **School REPRESENTATIVE** |
| **NAME** |  |
| **POSITION** |  |
| **SIGNATURE** |  | **DATE** |       |
|  |
| **AP REPRESENTATIVE** |
| **NAME** |  |
| **POSITION** |  |
| **SIGNATURE** |  | **DATE** |       |