**The Solihull Single Panel for Local Authority Commissioned Alternative Provision (AP)**

**Referral Form**

**Guidance**

* All schools/academies allocated local authority commissioned alternative provision by the Solihull Single Panel for AP will enter into an agreement that identifies the responsibilities of the main/home school, alternative provider, the parent/carer and the child/young person
* **All sections** of the Referral Form must be completed with copies of evidence attached. Where this is not the case, the Referral Form will be returned to the applicant to complete fully before being considered
* All Referral Forms must be signed by the Headteacher of the school where the pupil’s main registration is or their nominated representative. Unsigned referrals will not be considered by the Panel and will be returned to the main school
* The Panel will not consider applications that do not identify at least **two** early intervention strategies or support services involvement
* Panel meetings are scheduled to take place on a fortnightly cycle. All applications must be received one week prior to a scheduled panel
* Any schools referring a cared for or previously cared for pupil, must first discuss with Alecia Oliver-Adams, Virtual School Head (0121 704 8622 or [alecia.oliveradams@solihull.gov.uk](mailto:alecia.oliveradams@solihull.gov.uk))
* The Panel, on occasions, do expect some conditions to be met prior to the placement commencing or throughout the duration of the placement**. These conditions will form part of the agreement between alternative providers and home schools. Any delay in fulfilling these conditions could lead to the placement ending**
* In exceptional circumstances, an extension to agreed alternative provision can be sought. However, all parties must support the extension. An extension to alternative provision must be submitted to the Panel and signed by parent/carer, home school and alternative provider. The Panel will expect progress updates to determine whether the placement is still eligible, appropriate and can continue
* Home schools must ensure that a school representative including the SENDCo attends all scheduled reviews. It is important that the home school representative/SENDCo has a full understanding of the needs of the pupil and is aware of the school’s long-term education plan for the pupil
* Cross-Phase placements are not possible, and it should not be expected that a pupil will automatically be placed in the next phased alternative provision. A full application must be submitted to the Panel for their consideration. Exceptional circumstances will be considered by the Panel
* It is **essential** that the application includes evidence of two of the following evaluated plans; SEN, Behaviour Support and/or Pastoral Support, to demonstrate rigorous monitoring of the progress of the child concerned

**Solihull Single Panel for AP - Eligibility Checklist**

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| Pupil |  | DoB |  | NC Year |  |

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| Documentation | E / D | Attached |
| Referral Form fully completed | E | ☐ |
| Early Help referral considered | D | ☐ |
| Social Care support/involvement | D | ☐ |
| Most recent school report academic data (including targets and progress) | E | ☐ |
| SEMH report/evidence of specialist SEMH advice | E | ☐ |
| Internal / External Behaviour or Learner Support Plans | D | ☐ |
| Pastoral Support or Behaviour Plan | D | ☐ |
| Risk Assessment | D | ☐ |
| Internal/Suspension Record | E | ☐ |
| SEN Support Plan | E | ☐ |
| Educational Psychologist Support | D | ☐ |
| Attendance Certificate | E | ☐ |
| Medical Evidence Form (if unable to attend due to health needs) | D/E |  |
| Mental Health Agency Support e.g. Solar/MHST | D/E | ☐ |
| Medical / Consultant involvement | D/E | ☐ |
| Specialist Inclusion Support Service (SISS) or equivalent support | D | ☐ |
| Speech and Language Therapy | D | ☐ |
| Learning Disability Team Support | D | ☐ |
| Youth Justice Services | D | ☐ |
| Youth Drug and Alcohol Project | D | ☐ |
| Other |  |  |
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| Does the child meet the criteria for referral to the Panel? | E |  |

E = Essential

D = Desirable

**Referral for Local Authority Commissioned Alternative Provision**

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| **School Information** | | | |
| **School name** |  | | |
| **School address** |  | | |
| **Name of referrer** |  | **Role** |  |
| **Telephone no.** |  | **Email** |  |

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| **Pupil information** | | | | | | | | | | | | | | |
| **Full Legal Name** | | | |  | | | | | | | | | | |
| **Preferred Name** | | | |  | | | | | | | | | | |
| **Date of Birth** | | | |  | **Year Group** | | |  | | | | | | |
| **UPN** |  | **ULN** |  | **Assigned Gender** |  | | | | | | **Identified Gender** | |  | |
| **Free School Meals** |  | | | **CP/ CIN?** |  | **LAC?** |  | | | | | **Safeguarding concerns?** | |  |
| **In receipt of Pupil Premium?** | | | |  | | | | | | | | | | |
| **Ethnicity** | | | |  | **First Language Spoken** | | | | |  | | | | |
| **Religion** | | | |  |
| **LAC Only** | | | | | | | | | | | | | | |
| **What Section is the child under?** | | | |  | **Placement Details** | | | |  | | | | | |
| **Local Authority** | | | |  | | | | | | | | | | |
| **Social Worker** | | | |  | | | | | | | | | | |

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| **Pupil’s home details** | |
| Main home address | Who does pupil live with at this address |
| Postcode |
| Other home address *(if applicable)*: | Who does pupil live with at this address |
| Postcode | When this address applies |

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| **Details of all parents / carers** | **1st** | **2nd** |
| **Name** |  |  |
| **Relationship to pupil** |  |  |
| **Parental Responsibility?** |  |  |
| **Address** |  |  |
| **Phone** |  |  |
| **Email address** |  |  |
| **First language** |  |  |

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| **Attendance %** | | | |
| **Current Attendance** | | | **Previous Years Attendance** |
| **Attendance Rate** | **Authorised Absence** | **Unauthorised Absence** |
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| **Non – Attendance Strategies** *used to remove the barriers to non-attendance (including strategies for those children with anxiety-based difficulties)* | | | |
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| **Family and Environmental Factors** *such as family history, well-being, housing, employment, social and community involvement* |
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| **Reason for Referral** (*why the child has been referred/requires AP)* |
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| **Expected Alternative Provision Outcome*/s*** *(should be SMART and include arrangements for review, reintegration back into school, medical advice etc)* |
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| **Summary of Behaviours** |
| **Overall summary of any presenting behaviours***including details of the types of behaviours displayed, duration, triggers for the described behaviour etc* |
| **Frequency of behaviours currently displayed** *(1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Often)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Behaviour** | **Frequency** | **Behaviour** | **Frequency** | **Behaviour** | **Frequency** | | Disruption | Choose an item. | Absconding/absenting | Choose an item. | Discriminatory behaviour | Choose an item. | | Vandalism | Choose an item. | Substance/alcohol misuse | Choose an item. | Inappropriate sexual behaviour | Choose an item. | | Bullying | Choose an item. | Threats and invective | Choose an item. | Low mood | Choose an item. | | Fighting | Choose an item. | Impulsive dangerous behaviour | Choose an item. | Withdrawal | Choose an item. | | Violence/physical aggression | Choose an item. | Verbal abuse | Choose an item. | Self-harm | Choose an item. | | Inappropriate attitude to staff | Choose an item. | Inappropriate attitude to peers | Choose an item. | Racist abuse | Choose an item. | | Defiance | Choose an item. | Persistent refusal to follow instructions | Choose an item. | **Other** (please specify below) | Choose an item. |   **Other** (please include any other behaviours displayed) |

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| **SEMH Strategies Implemented by School** *including an overview of the strategies used to promote positive behaviours and the impact/outcomes of such strategies, to include how external advice has been used* | |
| **Strategy** (including frequency, duration etc. | **Impact** both positive and negative impacts |
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| **Risk Assessment** | |
| **Is the pupil a potential risk to adults, peers, property, or other risk?***(If yes, it is essential that an up-to-date risk assessment is provided)* |  |

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| **Suspensions** | |
| **Summarise the number of suspensions the pupil has received each academic year including the reason** (*a suspension report providing further details should be included as supporting documentation)* |  |

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| **Special Education Needs and Disability** | |
| **Is the child on SEN Support?** |  |
| **If yes**, **what is the primary SEN?** *(Communication and Interaction/Cognition and Learning/Social, Emotional and Mental Health/Sensory and/or Physical)* |  |
| **MANDATORY IF CHILD NOT RECEIVING SEN SUPPORT Please explain why the school has not considered providing SEN Support** | |
| **Does the pupil have an EHC Plan?** |  |
| **If yes, when was the last Annual Review?** |  |
| **If not, has a request for an EHC Needs Assessment been submitted?** *If yes, please enter the date the request was submitted* |  |
| **Has the EHC Needs Assessment been agreed?** |  |

| **Health** | |
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| **Does the pupil have any health needs?** *(physical and/or mental health needs)* |  |
| **Please provide details of the pupil’s medical condition and any support needed** *(where a pupil has a SEMH need, including anxiety leading to non-attendance, please provide the SEN support plan)* |  |
| **Contact details of GP / Family Doctor** |  |
| **Supporting Medical Evidence** (if applicable) | |
| I confirm that I have attached a letter from a hospital consultant or other senior medical officer **☐** | |

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| **Previous Alternative Provision Attended** | |
| **Please provide details of any alternative provision that the pupil has previously engaged in** *(including DFE and non DfE registered providers and managed moves)* |  |

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| **Early Help / Social Care** | |
| **Has school referred the family/pupil to Early Help/Social Care?** |  |
| **Please provide a brief summary of support being offered with contact details** |  |

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| **External Agency Involvement** *(identify all agencies involved with key contact details)* |

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| **Agency** | **Currently**  **involved** | **Name** | **E-mail/phone number** | **Reports Attached** | **Date of Report** |
| **Education Inclusion Service** | Choose an item. |  |  | Choose an item. |  |
| **Specialist Inclusion Support Service (SISS)** | Choose an item. |  |  | Choose an item. |  |
| **Solar** | Choose an item. |  |  | Choose an item. |  |
| **Counselling Service** | Choose an item. |  |  | Choose an item. |  |
| **Drug and Alcohol Team** | Choose an item. |  |  | Choose an item. |  |
| **Educational Psychologist** | Choose an item. |  |  | Choose an item. |  |
| **School Nurse** | Choose an item. |  |  | Choose an item. |  |
| **Hearing Impaired** | Choose an item. |  |  | Choose an item. |  |
| **Visually Impaired** | Choose an item. |  |  | Choose an item. |  |
| **Paediatrician** | Choose an item. |  |  | Choose an item. |  |
| **Speech and Language Therapy** | Choose an item. |  |  | Choose an item. |  |
| **Occupational** **Therapy** | Choose an item. |  |  | Choose an item. |  |
| **Physiotherapy** | Choose an item. |  |  | Choose an item. |  |
| **Social Care** | Choose an item. |  |  | Choose an item. |  |
| **Virtual School** | Choose an item. |  |  | Choose an item. |  |
| **Youth Justice** | Choose an item. |  |  | Choose an item. |  |
| **Young carer** | Choose an item. |  |  | Choose an item. |  |

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| **Prior Attainment** *(include details of child’s prior attainment e.g. for a child in KS3, KS2 Assessment in Mathematics, Reading, Writing, Science, SPaG)* |
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| **Young Person / Child’s View** |
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| **Agreement** |
| * All parties will adhere to the Panel protocols at all times * All pupils are to remain on roll with their home school and will be dual registered with the alternative provision allocated to * All parties agree that the pupil will be returned to their home school when the intervention has been completed * Schools retain responsibility for the pupil during the alternative placement * All parties agree to the final decision made by the Panel * A signed copy of the Parental Consent Form must accompany this application * An incomplete application form may delay the application process. * Ensure any related reports from other agencies that may support the referral are included in the application * Any safeguarding concerns are reported to the school Designated Safeguarding Lead immediately |

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| **School Consent** | | | |
| School agree to:   * Arrange to attend reviews and meet with the Tutor/Provider and parents to complete relevant education plans e.g. PEP, IEP or other, and Partnership Agreements * Present all Curriculum targets, Individual Learning Plans, Attainment Data and other relevant resources * Maintain weekly contact with child and family during the period of tuition/provision | | | |
| **Referrer Signature** |  | **Date** |  |
| **Print Name** |  | | |
| **Headteacher’s Signature** |  | **Date** |  |
| **Print Name** |  | | |

**Send application, marked ‘Strictly private and confidential’ via email to** [**APSinglepanel@solihull.gov.uk**](mailto:APSinglepanel@solihull.gov.uk)

Parent / Carer’s Consent

Children attend alternative provision (AP) when they are unable to access mainstream school. Alternative provision placements are intended as an intervention rather than a destination so are timebound and pupils remain registered with their home school.

What is the Solihull Single Panel for AP?

The Solihull Single Panel for AP considers referrals requesting access to alternative provisions for pupils who may be experiencing difficulties that are impacting on their ability to access learning.

The following local authority commissioned AP is included within The Single Panel scope:

* Solihull MAT main site and Daylesford Academy (excluding Saturn and Mercury)
* Refresh
* Triple Crown Centre
* The Elms
* Cedars
* High Needs Pathway
* AV1 robots
* Home tutoring

Your consent is required for your child to be referred to the Panel and your views will be shared with the Panel along with the application form submitted by the school.

The Panel meets every fortnight during term time to consider referrals.

If you have any queries regarding the application, please do not hesitate to contact the Referrer of the application.

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| **Parent / Carer’s Views** |
| **Parental views on application to panel/potential placement *(****please explain what you are hoping the alternative provision will achieve)* |
| **Parent / Carer’s Consent** |
| * I give consent for my child to be referred to the Solihull Single Panel for AP * I give my consent for my child’s information to be shared, and for additional information to be sourced, if necessary, with the people/services specified below.  |  |  | | --- | --- | | **Services** | **Consent** | | Allocated alternative provider | **☐** | | Early Help | **☐** | | Social Care | **☐** | | Your child’s school | **☐** | | Health e.g., GP, OT, paediatrician, Solar/CAMHS etc | **☐** | | Children with Disabilities Team | **☐** | | Educational Psychology Service | **☐** | | Education Inclusion Service | **☐** | | Specialist Inclusion Support Service | **☐** | | EHCP team | **☐** | | Other third party as required by law | **☐** | | Other partner agencies (please specify) | **☐** |   I/We have read and understood the above and agreed that my child’s school can refer my son/daughter for discussion at the Solihull Single Panel for AP. I am also happy for information to be shared with agencies as indicated above. **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |