

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

### Referral Form – Guidance for Completion

- All **highlighted** sections of the Referral Form must be completed (even if N/A) 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.
- **Key is ensuring that someone who has not met the child has a clear understanding of the reason/s for referral, the frequency, duration and extent of any difficulties and the expected outcome/s of AP intervention.**
- 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.
- 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))
- 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**

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

E = Essential

D = Desirable

## Referral for Local Authority Commissioned Alternative Provision

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

Pupil information									
Full Legal Name									
Preferred Name									
Date of Birth		Year Group							
UPN	Unique Pupil Number	ULN	Unique Learner Number	Assigned Gender			Identified Gender		
Free School Meals				CP/ CIN?	Include Child Protection/ Child in Need details	LAC?	Is this a Looked After Child? If so, complete below	Safeguarding concerns?	Include brief details
In receipt of Pupil Premium?		Yes or No							
Ethnicity				First Language Spoken					
Religion									
LAC Only									
What Section is the child under?				Placement Details					
Local Authority									
Social Worker		Name and contact details							

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

Details of <u>all</u> parents / carers	1st	2nd
Name		Only complete if applicable
Relationship to pupil		
Parental Responsibility?		
Address		
Phone		
Email address		

<b>First language</b>		
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<b>Attendance %</b>			
<b>Current Attendance</b>			<b>Previous Years Attendance</b>
<b>Attendance Rate</b>	<b>Authorised Absence</b>	<b>Unauthorised Absence</b>	
<b>Non – Attendance Strategies</b> <i>used to remove the barriers to non-attendance (including strategies for those children with anxiety-based difficulties)</i>			
List strategies employed, for how long, outcome etc			

<b>Family and Environmental Factors</b> <i>such as family history, well-being, housing, employment, social and community involvement</i>
Provide brief details, mindful that the family are consenting to the referral and aware of who will be considering the information

<b>Reason for Referral</b> <i>(why the child has been referred/requires AP)</i>
A brief summary of why the referral is being made

<b>Expected Alternative Provision Outcome/s</b> <i>(should be SMART and include arrangements for review, reintegration back into school, medical advice etc)</i>
Be as specific as possible about the expected outcome/s of AP intervention including, where possible, indicating expected duration

<b>Summary of Behaviours</b>					
<b>Overall summary of any presenting behaviours</b> <i>including details of the types of behaviours displayed, duration, triggers for the described behaviour etc</i> A high level summary of the presenting behaviours including how long they have been manifesting and duration					
<b>Frequency of behaviours currently displayed</b> <i>(1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Often)</i>					
<b>Behaviour</b>	<b>Frequency</b>	<b>Behaviour</b>	<b>Frequency</b>	<b>Behaviour</b>	<b>Frequency</b>
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.	<b>Other</b> (please specify below)	Choose an item.
<b>Other</b> (please include any other behaviours displayed) Describe including frequency and duration					

<b>SEMH Strategies Implemented by School</b> <i>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</i>
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Strategy (including frequency, duration etc.)	Impact both positive and negative impacts
List strategies employed including how long they were implemented for	

Risk Assessment	
Is the pupil a potential risk to adults, peers, property, or other risk? (If yes, it is <b>essential</b> that an up-to-date risk assessment is provided)	If there is a risk, please include an up-to-date risk assessment that includes actions to mitigate the identified risk/s

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)	

Special Education Needs and Disability	
Is the child on SEN Support?	Yes/No
If yes, what is the primary SEN? (Communication and Interaction/Cognition and Learning/Social, Emotional and Mental Health/Sensory and/or Physical)	
<b>MANDATORY IF CHILD NOT RECEIVING SEN SUPPORT</b>	
Please explain why the school has not considered providing SEN Support The expectation is that as good practice the child will have been supported as a part of the Assess-Plan-Do-Review graduated approach; where that has not happened, please explain why	
Does the pupil have an EHC Plan?	Yes/No
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?	Yes/No

Health	
Does the pupil have any health needs? (physical and/or mental health needs)	Summarise key health needs with supporting evidence from a health professional attached
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 <input type="checkbox"/>	

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)	Include dates, outcomes etc

Early Help / Social Care
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<b>Has school referred the family/pupil to Early Help/Social Care?</b>	Yes or No; if 'No', provide rationale for not making the referral
<b>Please provide a brief summary of support being offered with contact details</b>	

<b>External Agency Involvement</b> <i>(identify all agencies involved with key contact details)</i>					
<b>Agency</b>	<b>Currently involved</b>	<b>Name</b>	<b>E-mail/phone number</b>	<b>Reports Attached</b>	<b>Date of Report</b>
<b>Education Inclusion Service</b>	Choose an item.			Choose an item.	
<b>Specialist Inclusion Support Service</b>	Choose an item.			Choose an item.	
<b>Solar</b>	Choose an item.			Choose an item.	
<b>Counselling Service</b>	Choose an item.			Choose an item.	
<b>Drug and Alcohol Team</b>	Choose an item.			Choose an item.	
<b>Educational Psychologist</b>	Choose an item.			Choose an item.	
<b>School Nurse</b>	Choose an item.			Choose an item.	
<b>Hearing Impaired</b>	Choose an item.			Choose an item.	
<b>Visually Impaired</b>	Choose an item.			Choose an item.	
<b>Paediatrician</b>	Choose an item.			Choose an item.	
<b>Speech and Language Therapy</b>	Choose an item.			Choose an item.	
<b>Occupational Therapy</b>	Choose an item.			Choose an item.	
<b>Physiotherapy</b>	Choose an item.			Choose an item.	
<b>Social Care</b>	Choose an item.			Choose an item.	
<b>Virtual School</b>	Choose an item.			Choose an item.	
<b>Youth Justice</b>	Choose an item.			Choose an item.	
<b>Young carer</b>	Choose an item.			Choose an item.	

<b>Prior Attainment</b> <i>(include details of child's prior attainment e.g. for a child in KS3, KS2 Assessment in Mathematics, Reading, Writing, Science, SPaG)</i>
Summarise prior attainment

<b>Young Person / Child's View</b>
Include what the child enjoys most at school, what they enjoy least and what they find is helpful to support them

<b>Agreement</b>
<ul style="list-style-type: none"> <li>All parties will adhere to the Panel protocols at all times</li> </ul>

- 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

<b>School Consent</b>			
School agree to:			
<ul style="list-style-type: none"> <li>• 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</li> <li>• Present all Curriculum targets, Individual Learning Plans, Attainment Data and other relevant resources</li> <li>• Maintain weekly contact with child and family during the period of tuition/provision</li> </ul>			
<b>Referrer Signature</b>		<b>Date</b>	
<b>Print Name</b>			
<b>Headteacher's Signature</b>		<b>Date</b>	
<b>Print Name</b>			

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.

<b>Parent / Carer's Views</b>	
<b>Parental views on application to panel/potential placement</b> <i>(please explain what you are hoping the alternative provision will achieve)</i> <small>Include how the parental view was collected</small>	
<b>Parent / Carer's Consent</b>	
<ul style="list-style-type: none"> <li>I give consent for my child to be referred to the Solihull Single Panel for AP</li> <li>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.</li> </ul>	
<b>Services</b>	<b>Consent</b>
Allocated alternative provider	<input type="checkbox"/>
Early Help	<input type="checkbox"/>
Social Care	<input type="checkbox"/>
Your child's school	<input type="checkbox"/>
Health e.g., GP, OT, paediatrician, Solar/CAMHS etc	<input type="checkbox"/>
Children with Disabilities Team	<input type="checkbox"/>
Educational Psychology Service	<input type="checkbox"/>
Education Inclusion Service	<input type="checkbox"/>
Specialist Inclusion Support Service	<input type="checkbox"/>
EHCP team	<input type="checkbox"/>
Other third party as required by law	<input type="checkbox"/>
Other partner agencies (please specify)	<input type="checkbox"/>
<p>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.</p> <p><b>Signed</b> _____ <small>Note that the referral will not be considered without parental consent/signature</small></p> <p><b>Name (print)</b> _____ <b>Date</b> _____</p>	