

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)
- 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.
- All referral forms must be submitted by 12 midday on the Thursday before the Single Panel

Referral

Is this a re-referral?	Yes/No; if Yes, when was the referral made and what is the rationale for re-referral?
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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?	If Child Protection /Child in Need, provide details	LAC?	If child is LAC, complete section below	Safeguarding concerns?	If Yes, provide brief details
In receipt of Pupil Premium?		Yes/No							
Ethnicity				First Language Spoken					
Religion									
LAC Only									
What Section is the child under?				Placement Details					
Local Authority									
Social Worker		Provide name and contact details							

Pupil's home details	
Main home address [redacted]	Who does pupil live with at this address [redacted]
Postcode [redacted]	
Other home address (if applicable): [redacted]	Who does pupil live with at this address [redacted]
Postcode [redacted]	When this address applies [redacted]

Details of <u>all</u> parents / carers	1st	2nd
Name	[redacted]	Only complete if applicable
Relationship to pupil	[redacted]	[redacted]
Parental Responsibility?	Yes/No	Yes/No
Address	[redacted]	[redacted]
Phone	[redacted]	[redacted]

Email address		
First language		

Attendance %			
Current Attendance			Previous Years Attendance
Attendance Rate	Authorised Absence	Unauthorised Absence	
Non – Attendance Strategies <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			

Family and Environmental Factors <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

Reason for Referral <i>(why the child has been referred/requires AP)</i>
A brief summary of why the referral is being made (noting that "child requires AP" is not in itself a reason for referral)

Details of Assess-Plan-Do-Review <i>(either specify below OR attach a reviewed Provision Map or similar)</i>
As good practice, the Panel expects to see details of the arrangements that the school has put in place as part of the Assess-Plan-Do-Review cycle

Pre-Referral Team Around the Child <i>(summarise pre-referral TAC or attach minutes)</i>
Please provide a summary of the TAC held prior to this referral; if a TAC has not been held, please explain why

Expected Alternative Provision Outcome/s <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

Summary of Behaviours					
Overall summary of any presenting behaviours <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					
Frequency of behaviours currently displayed <i>(1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Often)</i>					
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) Describe including frequency and duration					

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
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 <i>essential</i> 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/arrangements 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)	
MANDATORY IF CHILD NOT RECEIVING SEN SUPPORT	
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?	Date
If not, has a request for an EHC Needs Assessment been submitted? If yes, please enter the date the request was submitted	Include date submitted
Has the EHC Needs Assessment been agreed?	Yes/No and when decision was made; if No, please provide reasons why

Health	
Does the pupil have any health needs? <i>(physical and/or mental health needs)</i>	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 <i>(where a pupil has a SEMH need, including anxiety leading to non-attendance, please provide the SEN support plan)</i>	
Contact details of GP / Family Doctor	
Supporting Medical Evidence <i>(if applicable)</i>	
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 <i>(including DfE and non DfE registered providers and managed moves)</i>	Include dates, outcomes etc

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

External Agency Involvement <i>(identify all agencies involved with key contact details)</i>					
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	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.	

Prior Attainment <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

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

Agreement
<ul style="list-style-type: none"> 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

School Consent			
School agree to:			
<ul style="list-style-type: none"> 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

Referral Requirements

- Referrals without Parental Consent will not be considered
- 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.
- 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)
- 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