

|  |
| --- |
| Essex PRU Passport - Secondary School- Request for Support – Short Form 1 (From September 2023) |

In line with GDPR (General Data Protection Regulations) regulations, please send this form via a secure email (password removed) subject line stating OFFICIAL…Request for support pupil initials in the subject field.

You must ensure that this document has been signed by parent/guardian. All other electronic signatures will be taken as full permission to progress this referral.

This form should be completed to discuss a pupil with the Essex PRU panel for wider discussion, support, and advice. Please see the guidance document (Page Tiger) at [Education Access - Request for Support (Previously Positive Referrals) (essex.gov.uk)](https://schools.essex.gov.uk/pupils/Education_Access/Pages/Exclusion-and-Positive-Referral.aspx)

Completion of this form does not guarantee an Essex PRU placement, however if a placement is suitable and available for the pupil you will be asked to complete section 1A after the meeting. All documents are available on the above link.

Contents

[Referrers details 2](#_Toc110522230)

[Pupil details 3](#_Toc110522231)

[Social care involvement & safeguarding 4](#_Toc110522232)

[Safeguarding Narrative 4](#_Toc110522233)

[The Request 5](#_Toc110522234)

SEND Information…………………………………………………………………………………………………….6

[Wider agency support](#_Toc110522235) 6

[Attendance Information 7](#_Toc110522237)

[Parent/Carer View](#_Toc110522241) 7

# Referrer details

|  |  |
| --- | --- |
| Completed by(Key agency/ contact): |  |
| Role/designation |  |
| Email: |  |
| Contact telephone number: |  |
| Headteacher Signaturedate |  |

# Pupil details

|  |  |
| --- | --- |
| **Surname (capitals)** |  |
| **Forename(s)** |  |
| **Date of Birth** |  |
| **Current Year Group** |  |
| **UPN** |  |
| **Gender** |  |
| **Current education setting** |  |
| **Essex Quadrant NE/Mid/South/West** |  |
| **Nationality****Home Language** |  |
| **Ethnicity** | Ethnicity |
| **Free School Meals** |  |
| **Pupil Premium** |  |
| **Previous education setting or settings (include Primary Education)** |  |
| **Name of Parent or Carer with parental responsibility** |  |
| **Address (where currently living)****Secondary Address** |  |
| **Postcode** |  |
| **Home telephone/ mobile telephone contact** |  |
| **Email Addresses** |  |
| **Nationality** |  |
| **Home Languages** |  |
| **Ethnicity** | Ethnicity |
| **Is the pupil a young carer?****Provide details** |  |

# Social care involvement & safeguarding

|  |  |  |
| --- | --- | --- |
| Virtual School Head informed of request for support | yes | no |
| Child in Care | yes | no |
| Special Guardianship Order | yes | no |
| Child Protection | yes | no |
| Child in Need | yes | no |
| Family Solutions | yes | no |
| Historic Social Care involvement | yes | no |

|  |  |
| --- | --- |
| Please provide an understanding of the reason for social care involvement |  |
| Name of Social Worker(s) |  |
| Contact Telephone and Email |  |
| Local Authority |  |
| Date Social worker informed of Request for Support? |  |

# Safeguarding Narrative

|  |  |  |
| --- | --- | --- |
| Does the school hold a Child Protection File | Yes | No |
| In your professional opinion does this pupil present as a significant risk? | Yes | No |
| Contact Details DSL - Name |  |  |
| Email/Telephone |  |  |
| If so, summarise your concerns referring to available evidence. | Please enter relevant safeguarding details and include information regarding any recent early help submissions |  |

# The Request

|  |  |  |  |
| --- | --- | --- | --- |
| Where are your school currently on its journey with Trauma Perceptive Practice training? | Completed ☐ | In Progress ☐ | Not yet Started ☐ |

|  |
| --- |
| Reason for the Request for Support? |
|  |
| Through accessing this support, what do you hope the outcomes will be? Describe the expectations and/or aspirations for this request. |
|  |
| Pupil background/context/behaviour.Include strengths, aspirations, areas of need, family context and significant contributing factors |
|  |
| What support have you put in place? Attach current One Plan.Include details of individual curriculum, group interventions, family support, personalised timetable, whole-school approaches and staff training, |
|  |
| What is the impact of the support you have put in place so far?Include any successes and areas of persistent need. |
|  |

SEND (Special Educational Needs and Disabilities) Information

|  |  |
| --- | --- |
| **SEN (Special Educational Needs) Support**  | YesNo |
| **Name of School SENCO (Special Educational Needs Coordinator) – contact details** |  |
| **Key workers in school/provision and their contact information (this may not be the SENCO)**  |  |
| **One Plan (please attach)** |  |
| **Education Health Care (EHC) Needs Assessment** **requested (date)** |  |
| **Education Health Care (EHC) Needs Assessment started (date)** |  |
| **Education, Health and Care (EHC) Plan (date)** |  |
| **Date of last Annual Review** |  |

# Wider agency support

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Yes | No | Name and Date of Involvement and Contact Details |
| Inclusion Partner |  |  |  |
| TAFSO |  |  |  |
| Attendance Monitoring Officers |  |  |  |
| ECC Attendance Officers |  |  |  |
| Education Psychology Service |  |  |  |
| Virtual School |  |  |  |
| Health Services |  |  |  |
| School Nurse Team |  |  |  |
| Youth Offending Team |  |  |  |
| Paediatrician / Clinical Medical Officer |  |  |  |
| Child Adolescent Mental Health Services CAMHS (Child and Adolescent Mental Health Service) |  |  |  |
| Police |  |  |  |
| Any Other Intervention (for example Power, Affinity, EYPDAS (Essex Young People S Drug and Alcohol Service), Children’s Society) |  |  |  |
| Essex Youth Service |  |  |  |
| Unregistered Alternative Provision |  |  |  |
| Other (please detail) |  |  |  |

Attendance

|  |  |
| --- | --- |
| Any current involvement with Attendance and Compliance? |  |
| Last day of attendance |  |
| Last date pupil seen |  |
| Current attendance (Please attach attendance printout) | % |
| Percentage attendance for preceding year. (Please attach attendance printout) | % |
| How many hours a day is the pupil attending and how long has this been in place? |  |

Parent/Carer View

|  |
| --- |
| **Has this request been explained to you?** |
| **What are your hopes for this request?****What are your concerns?****What do you feel the areas of need are?** |
| **Name****Signed****Date** |

All information contained within this short referral form must be shared with the parent(s) / carer(s) and a signature must be obtained. The exception to this is where the form is completed following a permanent exclusion. Forms will be returned and not processed until a signature is obtained.