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| Education Access - Request for Support  |

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. Electronic signatures will be taken as permission to progress this referral

**Overview**

1. The Local Authority (LA) has a statutory duty under Section 19 of the Education Act 1996 to provide suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.
2. The Education Access Team can offer a ‘Request for Support’ to schools where evidence indicates that the LA Section 19 duty is likely to be triggered without such intervention.
3. The Request for Support encompasses three referral pathways. The distinction between each referral route is summarised below:
	1. **PRU placement**a request for a short-term placement at the Pupil Referral Unit.
	2. **Exceptional provision**is a request for support through the LA’s commissioned IPES framework for a pupil who is likely to trigger the LA’s section 19 threshold.
	3. **Exceptional funding** is a request for an intervention or provision that is suitable to the pupil’s age ability, aptitude, and any SEN, that:
		1. cannot be guaranteed via the LA’s commissioning pathways, or
		2. is not otherwise available via the LA’s commissioning pathways.
4. All referral pathways are intended as short-term interventions, with the aim of supporting reintegration back to the referring school.

**Please be aware that Education Access cannot guarantee that your preferred pathway.**

1. Transport will be the responsibility of the school to discuss and arrange with parent. If a PRU placement is awarded, the PRU can apply for public transport. If an alternative to public transport is needed, this will need to be provided by school or parent/carer.

Section 1: Referrers Details

|  |  |
| --- | --- |
| Completed by (Key agency/ school contact): |  |
| Role/designation  |  |
| Email: |  |
| Contact telephone number: |  |
| Headteacher Signature |  |
| Date  |  |
| Tick to confirm you have read Essex County Council’s Request for Support Guidance | [ ]  I have read the Essex County Council’s Request for Support Guidance.  |

Section 2: 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 |  |
| Free School Meals  |  |
| Pupil Premium  |  |
| Previous education setting or settings (include Primary Education provisions) |  |
| Name of Parent or Carer with parental responsibility  |  |
| Address (where currently living)  |  |
| Secondary Address  |  |
| Home telephone/ mobile telephone contact |  |
| Email Addresses |  |

Section 3: What support are you requesting?

|  |  |
| --- | --- |
| PRU placement – short term placement at the Pupil referral unit |[ ]  Please complete sections 4-15 |
| Exceptional Provision – support through the LA’s commissioned IPES (Individual Package of Educational Support) framework.  |[ ]  Please complete sections 4-16 |
| Exceptional funding - a request for an intervention or provision that: * cannot be guaranteed via the LA’s commissioning pathways, or
* is not otherwise available via the LA’s commissioning pathways
 |[ ]  Please complete Sections 4-15 & section 17  |

*Pupil Placements are reviewed half termly with the referring school*

Section 4: The Request

*Please provide as much information as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| Where are your school currently on its journey with Trauma Perceptive Practice training?  | [ ]  Completed | [ ]  In progress | [ ]  Not yet started  |

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| What are your concerns?(Please provide as much detail as possible)  |
|  |
| Through accessing this support, what do you hope the outcomes will be? (Describe the expectations and/or aspirations for this request. Please provide as much detail as possible)  |
|  |
| Family Context – Include details of family setup (e.g. absence/present of parents, siblings, stepsiblings, extended family). Ensure you detail who has PR and, in the case in separated families, confirm who is the primary carer. Make it clear who the provider is expected to communicate with. |
|  |
| Pupil background/context/behaviour(Include strengths, aspirations, areas of need, and significant contributing factors. Please provide as much detail as possible)  |
|  |
| What support have you put in place? Attach current One Plan if available(Include details of - individual curriculum, group interventions, family support, personalised timetable, whole-school approaches, staff training, working with other agencies. Please provide as much detail as possible)  |
|  |
| What is the impact of the support you have put in place so far?(Include successes and areas of persistent need, further reasonable adjustments made. Please provide as much detail as possible)  |
|  |

Section 5: Social Care Involvement & Safeguarding

*Please provide as much information as possible.*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Virtual School Head informed of the Request for Support |  |  |
| Child in Care |  |  |
| Special Guardianship Order |  |  |
| Child Protection  |  |  |
| Child in Need |  |  |
| Family Solutions |  |  |
| Historic Social Care involvement |  |  |

|  |  |
| --- | --- |
| 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

*Please provide as much information as possible.*

|  |  |
| --- | --- |
| 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 for (DSL) – name |  |
| Email and Telephone |  |
| If so, summarise your concerns referring to available evidence. | Please enter relevant safeguarding details and including information regarding any recent early help submissions.  |

Section 6: Wider Agency Support

*Please provide as much information as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Justice 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) |  |  |  |

Section 7: Suspensions

*Please provide as much information as possible.*

|  |  |
| --- | --- |
| Please confirm if the school have referred to the Behaviour in Schools (February 2024) Advice to Headteachers and School Staff? | [ ]  Yes [ ]  No  |

Please detail below the Suspension and Permanent Exclusion history details. Please start with most recent:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of suspension  | Length of suspension  | Reason  | Relevant adjustments made to provision to support reintegration  |
|  |  |  |  |
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Section 8: Offsite direction Information

*Please provide as much information as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| School | Start date  | End date  | Outcome  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Section 9: Attendance Information

*Please provide as much information as possible.*

|  |  |
| --- | --- |
| 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? |  |

Section 10: SEND (Special Educational Needs and Disabilities) Information

*Please provide as much information as possible.*

|  |  |
| --- | --- |
| SEN (Special Educational Needs) Support  | [ ]  Yes [ ]  No  |
| SEN Code for this pupil | [ ]  N - Not on register[ ]  M - Monitoring ahead of potential addition to register[ ]  K - SEN register with support [ ]  Q - Undergoing EHC assessment[ ]  E - Holds finalised EHCP |
| 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 |  |

|  |  |  |
| --- | --- | --- |
| Areas of need (select only one primary need) | Primary | Additional |
| Communication and interaction (including SLCN) |[ ] [ ]
| Cognition and learning (including SpLD) |[ ] [ ]
| Social, emotional and mental health  |[ ] [ ]
| Sensory / Physical (*with clinically diagnosed sensory loss and not sensory processing or integration difficulties)* |[ ] [ ]

|  |
| --- |
| Please describe how the areas of need impact on the pupil’s access to education and/or social development |
|  |
| Does the pupil have any diagnosis and does this impact on day-to-day functioning for the pupil? |
|  |
| Does the pupil have any diagnosed medical conditions? (i.e. details of medications, underlying health issues, ongoing investigations etc) is there a care plan in placeHow does this impact on the pupil’s day to day functioning? |
|  |

Section 11: Current Education / Provision and Attainment

*Please provide as much information as possible.*

Key Stage 2 Outcomes

|  |  |
| --- | --- |
| Reading  |  |
| Writing  |  |
| Maths  |  |

Key Stage 3 Outcomes

|  |  |  |  |
| --- | --- | --- | --- |
| Maths  | Current Level  | Predicted Level  | Describe Engagement  |
| English  |  |  |  |
| Science  |  |  |  |
| Other |  |  |  |

|  |  |
| --- | --- |
| Current Reading Age |  |
| Current Spelling Age |  |

KS4 Qualifications and Accreditations Already Gained or Working Towards: (including GCSEs already sat, BTECs awarded/working towards, exam dates and awarding bodies, details of controlled assessments etc):

|  |  |  |
| --- | --- | --- |
| Qualifications/Accreditations already gained  | Date  | Awarding Body  |
|  |  |  |
|  |  |  |
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For KS4 students, or those working towards end of KS4 qualification, please indicate below:

|  |  |  |  |
| --- | --- | --- | --- |
| Subjects  | Predicted Level  | Current Level | Units Completed  |
|  |  |  |  |
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| --- | --- |
| Do they have exam concessions  | If yes, please detail:  |
| Would you apply for exam concessions | If yes, please detail:  |
| Most successful subject and reasons |  |
| Least successful subject and reasons |  |

Section 12: Risk Assessment

*Please provide as much information as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| Assessing the risk to Health and Safety | Never | Occasionally | Frequently |
| Has the pupil been known to threaten other pupils? |  |  |  |
| Has the pupil been known to use sexually offensive or threatening language? |  |  |  |
| Has the pupil been known to assault other young people? |  |  |  |
| Has the pupil been known to threaten staff? |  |  |  |
| Has the pupil been known to assault an adult? |  |  |  |
| Did any assault(s) lead to actual bodily harm? |  |  |  |
| Did the assault(s) use weapons/objects? |  |  |  |
| Did the assault(s) lead to medical treatment? |  |  |  |
| Has the pupil or adult had time off as a result of assaults/threats? |  |  |  |
| Has the pupil been known to damage property? |  |  |  |
| Has the pupil committed any criminal offence? |  |  |  |
| Has there been any police involvement in previous incidents? |  |  |  |
| Has the pupil been known to do him/herself physical harm? |  |  |  |
| Has the pupil had to be physically restrained? |  |  |  |
| Has the pupil made any allegations against members of staff? |  |  |  |
| Has the parent/carer made any allegations against and members of staff? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Resources or Support (other than routinely available) | Yes | No | Unknown |
| Full time attendance of an additional member of staff |  |  |  |
| Special training for staff? |  |  |  |
| Special supervision during breaks, outside activities or subject areas? |  |  |  |
| Additional staffing ‘on hand’ |  |  |  |
| Other (please specify)  |  |  |  |

**Section 13: Checklist of Additional Information Attached** (please tick)

*Please provide as much information as possible.*

|  |  |
| --- | --- |
| Summary of request complete |[ ]  Parent and young person's views and signature |[ ]
| Student Attendance |[ ]  Safeguarding Summary/Concerns |[ ]
| Meetings held with parents’ minutes |[ ]  Behaviour Log |[ ]
| Attainment Data/Levels |[ ]  Current timetable (and awarding body if KS3/KS4) |[ ]
| One Page Profile |[ ]  Student Passport  |[ ]
| One Plan records |[ ]  Health Information/Care Plans |[ ]
| Education Health and Care Plan |[ ]  Suspension log |[ ]
| Most recent annual review |[ ]  Witness Statement(s) |[ ]
| List of interventions to support CYP |[ ]  Multi-agency advice sought |[ ]
| Educational Psychology or Inclusion Partner involvement summary |[ ]  Offsite Direction / Managed Move information |[ ]
| Student Risk Assessment – please complete above |[ ]  Child and Adolescent Mental Health Service involvement (CAMHS) |[ ]

Section 14: Pupil and Family Views

*Please provide as much information as possible.*

*Do not leave blank*

Pupil Views – to be completed by the pupil

|  |
| --- |
| Please tell us some information about youWhat do you like?Do you have any hobbies?What are you good at? |
|  |
| How would you describe yourself? |
|  |
| What do you like to do outside of school? |
|  |
| Is there anything that you would like to tell us about school? |
|  |
| What are your favourite subjects? |
|  |
| When you leave school what would you like to do? |
|  |

Section 15: Parent/Carer Views

|  |
| --- |
| Has this request been explained to you? |
|  |
| What are your hopes for this request? |
|  |
| What are your concerns? |
|  |
| What do you feel you need support with? |
|  |

|  |  |
| --- | --- |
| Name:  |  |
| Date:  |  |
| Signed:  |  |

All information contained with this referral form must be shared with the parent(s)/carer(s) and a signature must be obtained. Forms will be returned and not processed until a signature is obtained.

Section 16: Exceptional Provision

|  |  |  |
| --- | --- | --- |
| Provision type (can request more than one provision type)  | Number of days | Total number of hours |
| [ ]  Tuition services  |  |  |
| [ ]  Vocational services (typically group sessions) |  |  |
| [ ]  Online services  |  |  |
| ☐ Reintegration/ mentoring services  |  |  |

|  |
| --- |
| Preferred venue *i.e. library, home, community venue, online – please state the address of the venue* |
|  |
| Any identified risk with the preferred venue *i.e. any pets, dangerous dog at the home, other students accessing the library*  |
|  |
| Preferred timetable *Please detail preferred session times (AM/PM). Please be aware there is limited choice for online group and vocational sessions. If specific session times are required, please specify exact days and times as preferences can be included in the request as a requirement.* |
|  |
| Home Tuition *Confirm parent/carer is aware and must be present for any form of tuition in the home.* |
|  |
| Outside Venue *Confirm how student will travel to the preferred venue.* |
|  |
| Anything else  |
|  |

Section 17: Exceptional Funding:

|  |
| --- |
| Please confirm the name of the alternative education you are looking to commission |
|  |
| What do you hope to achieve/ placement objectives? |
|  |
| How long will the placement be required for? (maximum 12 weeks) |
|  |
| Total hours to be commissioned per week |
|  |
| Weekly cost |
|  |
| Total Cost |
|  |
| Contribution school is making |
|  |
| What is the consequence to no funding? |
|  |
| How does this intervention or provision support the pupil’s reintegration? |
|  |
| Please provide details on the exit strategy following this support. |
|  |