**Essex SEMH Request for Support Form**

**HOW TO SUBMIT A HIGH-QUALITY REQUEST FOR SUPPORT**

LOOK OUT FOR THESE COMMENT BOXES FOR BEST PRACTICE GUIDANCE.

The SEMH Request for Support form is the main referral route for accessing support from the SEMH Enhanced Provisions in your local area.

The outcome of the request will be one of the following:

* Consultation, advice and signposting
* Outreach support
* A short-term, partnership placement in an SEMH Enhanced Provision.

Each request is heard at a panel meeting which consists of representatives from the SEMH Enhanced Provisions, the local authority, local schools and other relevant services.

# Panel Criteria

Please ensure your request meets these criteria before completing the form. Requests which do not meet these criteria are unlikely to be heard at the panel.

Requests will be considered at panel based on the following criteria:

* SEMH is the main area of need
* TPP is adopted as a whole-school approach
* High quality SEND support has been in place, including support from the SEND Inclusion Team
* The school is prepared to work in partnership and maintain their inclusion
* Parental consent is agreed
* Transport can be provided (for placements).

If you are confident that you can meet the above criteria, please continue to complete this Request for Support Form and send it to:

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| ***Name of panel and contact details*** |
| *Panel dates and submission deadlines* |
| *All provisions included in this panel* Further information about all SEMH Enhanced Provisions can be founds here: [SEMH enhanced provision: SEMH enhanced provision | Essex Schools Infolink](https://schools.essex.gov.uk/pupil-support-and-wellbeing/social-emotional-and-mental-health-semh/semh-enhanced-provision) |

Please be aware of the following additional considerations that may influence panel decisions:

* Current cohort within the provision
* Provision capacity
* Other pupil needs which require further assessment.

# School information

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| **School** |  |
| **Completed by** |  |
| **Role** |  |
| **Email address** |  |
| **Contact telephone number** |  |

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| **Has your school accessed Trauma Perceptive Practice (TPP) training?** Yes [ ]  No [ ]  |
| The support offered by all SEMH Enhanced Provisions is based on TPP. Therefore, it is useful to know your TPP experience to ensure the interventions are transferable back to your school and to identify any areas of additional support that may be required to sustain the impact once the intervention ends.**How far into your TPP journey are you?**  |

# Pupil Information

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| **Name** | Please provide as much detail as possible.  |
| **Date of Birth** |  |
| **Year Group** |  |
| **Attendance %** |  |
| **Full or Part Time timetable****(Please include details if part time)** |  |
| **Free Schools Meals** |  |
| **Medical requirements / Diagnosis** |  |
| **Name of Parent/Carer** |  |
| **Address** |  |
| **Contact telephone**  |  |
| **Social Care involvement** | Yes [ ]  No [ ] Name of Social Worker:Email:Telephone: |
| **Child Protection Plan in place** | Yes [ ] No [ ]  |
| **Child in Need Plan in place** | Yes [ ] No [ ]  |

# Existing SEND Support

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| **Have you attached the One Plan?** | **Yes** [ ]  **No**  [ ]  |
| **Has the pupil got an EHCP?**  | **Yes** [ ]  **No**  [ ] By including a recently reviewed One Plan, you demonstrate and evidence the SEND Support that has already been implemented. This enables the Panel to consider how to add value to what you already have in place. (If yes, please attach)If an EHCNA is currently in progress, please state when it was requested.  |
| **If finalised, date of the EHCP** |  |
| **Date of the most recent Annual Review** |  |
| **Has the pupil ever been suspended or excluded from school?** (If yes, please give details) | **Yes** [ ]  **No**  [ ]  |
| **Have you attached any additional documents to support this request? Such as:*** Reflective Behaviour Logs
* SEMH Assessments
* Suspension/exclusion records
* Etc.
 | **Please list here:**Evidence of analysis of communicating behaviours (eg. STAR Analysis), and the impact of the adults’ responses, enables the Panel to consider how your staff understand the behaviours and how reflection has informed adjustments so far. |

# Request Outcomes

**What type of support are you seeking?** (tick all that apply)

Please be aware that whilst your preference will be taken into consideration, the Panel will decide the most appropriate offer of support based on the information submitted in the request.

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| Consultation, advice and signposting | Yes [ ]  |
| Outreach  | Yes [ ]  |
| A short-term, partnership placement within one of the SEMH Enhanced Provisions | Yes [ ]  |

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| **Through accessing this support, the pupil will be able to:** (SMART targets) *

Due to the partnership approach of support that is available, both pupils and staff should benefit from any support that is offered. This also enables sustainability once the intervention comes to an end. Consider the skills of both the pupil and of staff who support them. *
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| **Through accessing this support, school staff will be able to:** (SMART targets) *
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| **Reason for the Request for Support** (what are your concerns about?)Please provide a summary of the concerns and what you hope to gain from this request. |

# Supporting Evidence

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| **Parent/Carer Views:**Both parent/carer and pupil views are essential to understanding their hopes, as well as their engagement in this request. New views can be gathered specifically for this request, or existing views can be copied from other recent processes, such as One Plan, TAF or Annual Review.  |

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| **Pupil Views:** |

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| **Pupil background/context**(Include which assessment tools have been used, and details of strengths, areas of need, family context, significant contributing factors)This information can be copied from recent One Planning. Please include which assessments have been carried out, what the learning was from those assessments and what adjustments to provision have been made as a result. Assess |
| **What support have you put in place?** (Include details of - individual curriculum, group interventions, family support, personalised timetable, whole-school approaches, staff training, working with other agencies)Plan / Do |
| **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)This information can be copied from recent One Planning. Please provide detail of what has worked and what has not worked to date. This enables the Panel to consider if the type of support on offer could have a positive impact. Review |

**Relevant support already accessed by the school, child or family**

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| **Service** |  | **Please provide names and dates.** | **What has been the outcome/impact of this support?** Please attach any supporting evidence. |
| SEND Inclusion Partner (including consultation) | [ ]  |  | Please provide as much detail as possible, particularly details of the outcome/impact of support. This enables the Panel to consider if the type of support on offer could have a positive impact, as well as consider how to add value to what is already in place. |
| Educational Psychologist | [ ]  |  |  |
| Education Access Team | [ ]  |  |  |
| Alternative Provision  | [ ]  |  |  |
| Attendance Monitoring Officers | [ ]  |  |  |
| Mental Health Support Team (MHST) *(where relevant)* | [ ]  |  |  |
| Child and Adolescent Mental Health Service (CAMHS) | [ ]  |  |  |
| Power Project / Affinity  | [ ]  |  |  |
| GP / Health Services / Paediatrician  | [ ]  |  |  |
| Family Solutions | [ ]  |  |  |
| The Virtual School  | [ ]  |  |  |
| Youth Offending Team / Community Police | [ ]  |  |  |
| Other | [ ]  |  |  |

# Consent and Signatures

Parent/Carer consent is essential. Requests submitted without this will not be heard at Panel.

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| **Parent/Carer consent:**I give my consent for all relevant information relating to my child to be shared with the appropriate professionals involved in the Primary SEMH Request for Support Panel in order that a request for support can be discussed.**Name:** **Signed: Date:** |

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| **Referrer agreement:**All the information within this referral is accurate to the best of my understanding and all supplementary information has been included to support the referral. **Name**:**Signed: Date:**  |

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| **Headteacher agreement:**I am in support of this referral and am fully aware of the different pathways of support that could be offered to the pupil and our school. I will work with the panel and SEMH Enhanced Provision to agree a plan of support. I am committed to working in partnership and maintaining inclusion in our school. Headteacher agreement to working in partnership and maintaining inclusion is essential. Requests submitted without this will not be heard at Panel. **Name**: **Signed: Date:**  |