**Request for Support - Information**

The KS3 enhanced provision at Moulsham Junior School works specifically with students in Year 7 or 8 across Mid Essex to support transition from Primary to Secondary. We aim to work supportively and co-operatively with the families and caregivers of the student, as well as the referring provision and any other agencies.

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.

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:

Jo Brown, Head of Provision – 07355 091632 - [Moulsham Enhanced Provision](https://www.moulsham-jun.essex.sch.uk/essex/primary/moulshamjunior/site/pages/about/moulshamenhancedprovision) or complete the request for support and send securely to jbrown@moulsham-jun.essex.sch.uk

|  |  |
| --- | --- |
| **Submission deadline dates** | **Panel dates** |
| 2nd October 2024  | 16th October 2024  |
| 28th November 2024  | 12th December 2024  |
| 30th January 2025 | 13th February 2025  |
| 6th March 2025  | 20th March 2025  |
| 8th May 2025  | 22nd May 2025  |
| 26th June 2025  | 10th July 2025 |

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.

**Request for Support**

**Student Information**

|  |  |
| --- | --- |
| **Surname (legal)** |  |
| **Surname (known as)** |  |
| **Forename** |  |
| **Date of Birth/Year Group** |  |
| **Ethnicity/Gender** |  |
| **UPN** |  |
| **PPG** | Yes/No |
| **FSM** | Yes/No |
| **CiC** | Yes/No |
| **Attendance %** | **Please attach Attendance Report** |
| **Current Educational Provision** | Full-time Part-time Alt Ed  |
| **SEND Needs** | EHCP SEN support**Please attach latest One Plan** |
| **SEND Area of Need** |  |
| **Date of last meeting/next meeting** |  |
| **Diagnosed conditions** | ADHD/ODD/ASD etc |
| **Key Stage 2 data (predicted/actual)** | Reading:Writing:Maths: |

**Parent/Carer Information**

Parent/Carer 1 – contact details

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email** |  |

Parent/Carer 2 – contact details

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email** |  |

**Family Information**

|  |  |
| --- | --- |
| **Family Members** |  |
| **Family circumstances** |  |
| **Any other significant factors** |  |

**Family Views and Consent**

|  |  |
| --- | --- |
| **Student views** |  |
| **Family views** |  |
| **Signed** |  |
| **Date** |  |

**Agency Involvement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Finish/start date** | **Key worker details** | **Outcome/Impact** | **Report Attached** |
| **Family Solutions** |  |  |  | **Yes/No** |
| **Attendance monitoring** |  |  |  | **Yes/No** |
| **Education Psychology** |  |  |  | **Yes/No** |
| **Inclusion Partner** |  |  |  | **Yes/No** |
| **Health Services** |  |  |  | **Yes/No** |
| **Youth Offending team** |  |  |  | **Yes/No** |
| **Paediatrician/GP** |  |  |  | **Yes/No** |
| **CAMHS** |  |  |  | **Yes/No** |
| **MHST** |  |  |  | **Yes/No** |
| **Community Police** |  |  |  | **Yes/No** |
| **Power/Affinity Project** |  |  |  | **Yes/No** |
| **Education Access** |  |  |  | **Yes/No** |
| **Virtual School** |  |  |  | **Yes/No** |
| **Alternative Provision** |  |  |  | **Yes/No** |
| **Other (please specify)** |  |  |  | **Yes/No** |

**Child Protection/Safeguarding Information**

|  |  |
| --- | --- |
| **Social Care Involvement** | CIN/CP (delete as appropriate) |
| **Social Worker Name** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Date CIN/CP open** |  |
| **Date of last meeting** |  |
| **Date of next meeting** |  |
| **Risks** | Y/N (please consider leaving site/physical aggression/attendance/home visits etc) |

**Education Information**

|  |  |
| --- | --- |
| **Name of current school/provision** |  |
| **TPP Status (please tick)** | Totally embeddedPartially embedded Attended Train the TrainerAttended Elements 1 & 2 Expressed interest  |
| **Name of any other provisions attended in the last year** |  |
| **Referrer’s name** |  |
| **Role** |  |
| **Email** |  |
| **Telephone Number** |  |

**Supporting Information**

|  |  |
| --- | --- |
| **Support requested (please tick)** 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.
 | Consultation, Advice & SignpostingOutreach SupportA short-term, partnership placement  |
| **Reason for request for support**(Include which assessment tools have been used, and details of strengths, areas of need, family context, significant contributing factors) |  |
| **What support is currently in place?** |  |
| **What is working well?** |  |
| **What is not working?** |  |
| **Desired Outcomes** |  |