**Evolve - Essex SEMH Request for Support Form**

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**

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 must be provided by the referring school and/or family (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:

Victoria Oddy, Director of Enhanced provisions at evolve@basildonacademies.org.uk

**Panel dates and submission deadlines 2024-25**

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| --- | --- |
| **Submission deadline date:** | **Panel date:** |
| 30th April 2025 | 12th May 2025 |
| 18th June 2025 | 2nd 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.

# **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 [ ]  |
| **How far into your TPP journey are you?**  |

# **Pupil Information**

|  |  |
| --- | --- |
| **Name** |  |
| **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**

|  |  |
| --- | --- |
| **Have you attached the One Plan?** | **Yes** [ ]  **No**  [ ]  |
| **Has the pupil got an EHCP?**  | **Yes** [ ]  **No**  [ ] (If yes, please attach) |
| **If yes, do the SEND Operations Team know about and approve this Request for Support?** | **Yes** [ ]  **No**  [ ]  |
| **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:** |

# **Request Outcomes**

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

|  |  |
| --- | --- |
| 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) *
*
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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?) |

# **Supporting Evidence**

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| **Parent/Carer Views:** |

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| **Pupil Views:** |

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| --- |
| **Pupil background/context**(Include which assessment and/or screening tools have been used, and details of strengths, areas of need, family context, significant contributing factors) |
| 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) |
| Review |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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) | [ ]  |  |  |
| 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**

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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. **Name**:**Signed:**  **Date:**  |