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**Stepping Stones Request for Placement**

Pupil causing concern where their education placement is at risk and an intervention placement is requested for a short-term period.

Name of Child:

DOB:

Year Group:

School:

Date of Request:

This referral form is to be completed for a pupil for whom you wish to request a dual placement at Stepping Stones Primary Pupil Referral Unit (PRU).

The completed form should be forwarded by secure email to head@steppingstones.lancs.sch.uk. **Please do NOT send hard copies**.

**Schools accessing dual roll placements will be charged £1,850 per term to fund the cost of the referral placement.**

**Requests are discussed at the Stepping Stones SEND Inclusion Panel.**

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| Child/Young Persons Family Name: |  | Child/ Young Persons First name: |  |
| Date of Birth: |  | Gender: |  |
| Home Address: |  | Home Post Code: |  |
| Parent/ Carers Name: |  | Parent/Carer Contact number: |  |
| UPN: |  | Year Group: |  |
| Date of admission to school: |  |  |  |
| Education Setting Name: |  | Education Setting Post Code: |  |
| Education Setting phone number: |  | Education Setting email address: |  |
| Education Setting Contact Name: |  | SENCO: |  |
| Head Teacher |  |  |  |

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| --- |
| Name and relationship of adult with Parental Responsibility: |
| Address and Phone Number of adult with Parental Responsibility |

|  |  |  |
| --- | --- | --- |
| Is the child/young person a Looked After Child? | YES | NO |
| Is the child subject to a Child Protection Plan? | YES | NO |
| Is the child subject to a Child in Need Plan? | YES | NO |

**Current Levels**

|  |  |  |  |
| --- | --- | --- | --- |
| Speaking and listening: |  | Reading: |  |
| Writing: |  | Maths: |  |
| Science: |  | Attendance levels: |  |

**Other agencies involved:**

Please attach copies of most recent reports and/or minutes of meetings (no older than 12 months)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Is this involvement current please tick as appropriate) | |
| **CAMHS/other Health** | Contact name: |  | Contact number : |  | YES | NO |
| **Specialist Teacher involvement** | Contact name: |  | Contact number : |  | YES | NO |
| **EP** | Contact name: |  | Contact number : |  | YES | NO |
| **Have you informed your Link EP?** | Contact name: |  | Contact number: |  | YES | NO |
| **Have you engaged with your SENDO?** | Contact name: |  | Contact number |  | YES | NO |
| **CAF/TAF** | Contact name: |  | Contact number : |  | YES | NO |
| **CSC** | Contact name: |  | Contact number : |  | YES | NO |
| **Other e.g. SALT, CAMHs etc.** | Contact name: |  | Contact number : |  | YES | NO |

**DOCUMENTATION TO BE ATTACHED / SENT WITH THE REQUEST**

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|  |  |  | Reasons if No |
| **Up to date chronology** | YES | NO |  |
| **At least 2 IEP(s) IBP(s) or equivalent** | YES | NO |  |
| **Specialist Teacher advice** | YES | NO |  |
| **ABC’s** | YES | NO |  |
| **Provision Map / What provision has this child received to date?** | YES | NO |  |
| **Boxall Profile** | YES | NO |  |

**Nature of school.** E.g. size, type, catchment, previous involvement with Stepping Stones School, class size, number of pupils with SEN etc.

**Please outline why a temporary PRU Placement is being sought:**

**Presenting difficulties e.g. description of behaviour, frequency, disruption caused etc.**

***Action taken by school to assess the pupils SEMH needs. E.g. IEPs, logs, evaluations, ABC etc. Consider whether they provide a sufficient analysis***

**Please define three achievable suggested outcomes that you would like the PRU to address and success criteria.**

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| --- | --- | --- |
| Outcome to be achieved | | Success Criteria |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Please give details of any medical issues:**

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**Please indicate support received from Stepping Stones Outreach Team (**NB This is essential except in CLA cases or exceptional circumstances)

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| **Date support requested from SS Outreach** | **Date of Impact Reviews** | **Impact** |
|  |  |  |

**Please describe support strategies (both successful and unsuccessful) that have already been implemented, prior to and including**

**SS Outreach recommendations.**

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| **Need** | **Strategy** | **Date Implemented** | **Outcome** | **Date Reviewed** |
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**Parent / Carer views:**

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**Pupils views (if available):**

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**Any other comments:**

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**How will your school support this placement and subsequent transition back into school?**

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***I agree for the request for a placement at Stepping Stones School to submitted. I understand that information will be shared with the school about my child and there may be information of sensitive nature. If a placement is agreed information will be stored on the pupil file (Stepping Stones Privacy Notice will be adhered to) until the child transfers to another school. If placement is declined, information will be held for a period 12 months pending further requests for placement from the school.***

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( SLT Member of School)**

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| **OUTCOME / NEXT STEPS AND RECOMMENDATIONS** |