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**Stepping Stones Request for Placement**

Pupil causing concern where their education placement is at risk and an intervention placement is sought for a short term

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).Placements are for 12 weeks at a cost of £2500; This cost is subsidised depending upon your district – please see website: [www.steppingstones.lancs.sch.uk](http://www.steppingstones.lancs.sch.uk).

A review will be held at the end of the placement to establish next steps.

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

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

**Please ensure parents/Carers sign this request for placement.**

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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 |

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| 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**

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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 be sought. I understand that information is to be shared with the school about my child. ( GPDR statement)***

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

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

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