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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 £3000; this cost may be subsidised for the first placement, depending upon your district – please see website: [www.steppingstones.lancs.sch.uk](http://www.steppingstones.lancs.sch.uk). **Please note, in addition to the placement costs, any funding allocated with your child will be charged to the school, eg. Free school meal allowance, PPG, high needs, core funding.**

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 k.greenwood@steppingstones.lancs.sch.uk. **Please do NOT send hard copies**.

**Requests are discussed at the Stepping Stones Multi Agency Planning Panel (MAPP).**

**Please ensure parents/Carers sign this request for placement and return to** **k.greenwood@steppingstones.lancs.sch.uk**

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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 [ ]  |
| Does the child have an EHCp?Category of Need:  | 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 Stepping Stones to address and the success criteria you will use to see if these outcomes have been achieved.**

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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** |
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**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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*The structure of our placements is 12 weeks of support – 4 days a week at Stepping Stones and 1 day a week at the child’s mainstream school.*

*Key adults from the child’s mainstream school are expected to visit Stepping Stones during the placement to see the strategies being used in action. The one day per week at their mainstream school is for the child to keep in contact with their school and maintain relationships.*

*The 12 week placement is followed by a short 2 week reintegration back to the mainstream school. Stepping Stones will provide two supported visits during this reintegration period.*

**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**  |