**DISTRICT 1, 2 & 4 MULTI AGENCY PLANNING PANEL**

**Request for Intervention Placement**

This referral form is to be completed for a pupil for whom you wish to request an intervention placement at Stepping Stones Primary Short Stay School. Placements are for 12 weeks at a cost of £3000; this cost may be subsidised for the first placement, depending upon your district.

**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 Katie Greenwood, Outreach Manager at Stepping Stones School. **Please do NOT send hard copies**.

**Requests are discussed at the District 1, 2 and 4 Multi Agency Planning Panel (MAPP).**

**Please ensure parents/Carers sign this request for placement and return to** [**k.greenwood@steppingstones.lancs.sch.uk**](mailto:k.greenwood@steppingstones.lancs.sch.uk)

**Date of Intervention Placement Request:**

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| --- | --- | --- | --- |
| **Name:** | **Year Group:** | | **DOB:** |
| **Mainstream School:** | **Key School Contact**  **Name:**  **Email Address:** | | |
| **UPN:** |
| **Number of Fixed Term Exclusions (**please state number of days this academic year)**:** | | **Current Attendance:** | |

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| **EHCp: YES / NO Category of Need (if applicable):** | | |
| **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** |

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| **Child’s Home Address:**  **Postcode:** |

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| **Parent / Carer Name(s)** |  |  |  |
| **Relationship** |  |  |  |
| **Address** |  |  |  |
| **Telephone Number(s)** |  |  |  |

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| --- | --- | --- | --- |
| **Mainstream Education Setting Name:** |  | **Date of admission to school:** |  |
| **Mainstream Education Setting Address & Postcode:** |  | **Mainstream Education Setting Phone Number:** |  |
| **Headteacher Name:** |  | **Headteacher Email Address:** |  |
| **SENCO Name:** |  | **SENCO Email Address:** |  |

**Current Levels**

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

**Other agencies involved:**

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

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| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | 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 intervention 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 – ensure up to date reviews of actions are included***

**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 if support has been 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 been implemented, prior to, including and following support service recommendations (e.g. Stepping Stones OST, Specialist Teacher Intervention, EP advice).**

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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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*As part of the intervention placement agreement, key adults who work with the child daily will visit Stepping Stones weekly from Week 3 of the intervention placement. Each visit should last between 2 and 3 hours (including travel time).*

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| **We agree to key adults from our school visiting the child at Stepping Stones weekly from Week 3 of the intervention placement** | Tick box to agree |

*The structure of an intervention placement is 12 weeks of support – 4 days a week at Stepping Stones Short Stay School and 1 day a week at the child’s mainstream school.*

*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 intervention placement is followed by a short reintegration back to the mainstream school. Stepping Stones will provide 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 an intervention 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)**