**Request for an intervention placement at The Hive for an ‘off site’ directed placement to improve behaviour**

**My Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address and Postcode** |  |
| **Contact number(s)** |  |
| **Date of Birth** |  |
| **School Year** |  |
| **Preferred Identification** |  |
| **Ethnicity** |  |
| **Language** |  |
| **Religion** |  |
| **NHS Number** |  |
| **UPN Number** |  |

**My Parent/Carer(s) Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Address (if different from above)****Post Code** |  |
| **Contact number(s)** |  |
| **Email Address** |  |
| **Relationship to me** |  |

**My Education/Setting Details**

|  |  |
| --- | --- |
| **School/Setting Name** |  |
| **Address****Post Code** |  |
| **Main point of Contact Name****Role** |  |
| **Contact number(s)** |  |
| **Contact Email(s)** |  |

**Details about my health**

|  |  |
| --- | --- |
| **Name of GP** |  |
| **Address****Post Code** |  |
| **Contact Number(s)** |  |
| **Email** |  |

**Please detail any other Health Professionals involved**

|  |  |
| --- | --- |
| **Name****Role** |  |
| **Type of involvement** |  |
| **Address****Post Code** |  |
| **Contact Number(s)** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Please describe any health needs:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Need** | **Date from**  | **Formally Diagnosed Yes/No** | **Detail any ongoing treatment or medications** |
|  |  |  |  |
|  |  |  |  |
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| **If you would like to attach any further reports/information on health needs confirm details here:** |  |

**Other professionals involved with me**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Name**  | **Contact number and email address** | **Report\information attached\*** |
| Educational Psychologist |  |  |  |
| SEND  |  |  |  |
| Attendance service |  |  |  |
| Targeted Services |  |  |  |
| Speech and Language |  |  |  |
| CAMHS |  |  |  |
| Other (e.g. counsellor) |  |  |  |
|  |  |  |  |

\*It is vital for consideration of referral that all relevant reports are attached e.g. Individual Learning Plans, EP report, Early Years profile, Boxall Profile, Strength and Difficulties Questionnaire, IBP, CAMHS Summary of Care etc. A provision map showing support currently in place would be appreciated.

**Please describe any Social Care Needs**

|  |
| --- |
|  |

**Legal status (please mark X)**

**CIN CP CLA Previous CLA other(please state)**

**All About Me**

|  |  |
| --- | --- |
| What I can do well? |  |
| What do I need help with? |  |
| What do I like and what makes me happy? |  |
| What's important to me now? |  |
| What's important to me in the future? |  |
| How to Support, communicate and work well with me? |  |

**Parents/Carer(s) Views**

**I consent to my child attending ‘The Hive’ at Newall Green Primary School, the school undertaking SEN Support with my child/young person, for information to be shared with other professionals and for their involvement where required.**

|  |  |
| --- | --- |
| **Signature:** | **Name:** |
| **Relationship to child/Young person:** | **Date:** |

|  |  |
| --- | --- |
| What can they do well? |  |
| What do they need help with? |  |
| What is working well for him/her? |  |
| What is not working well for him/her? |  |
| What do they like and what makes them happy? |  |
| What is important for them now? |  |
| What is your aspiration for them in the future? |  |
| How to Support, communicate and work well with your child? |  |

|  |
| --- |
| **Background History**Give brief details of any relevant previous difficulties including suspension. Include dates and any action taken. |

|  |
| --- |
| **Summary of Needs** |

|  |
| --- |
| **Summary of my strengths** |

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **What are the outcomes that you would like to be achieved through an ‘off-site’ intervention to improve behaviour at the Hive?** |

|  |
| --- |
| **Details of any reduced timetable arrangements and suspensions**  |

**Primary (main) category of need as defined in the Code of Practice (please tick one), and circle subcategory.** |
|  |  |  **SpLD** **MLD** **SLD** **PMLD** |  |  |  **SLCN** **ASD** |  |  |  **SEMH** |  |  |  **HI** **VI** **MSI** **PD** |
| **C & L** |  | **C & I** |  | **SEMH** |  | **S/P** |  |
|  |  |  |  |  |  |  |  |

**C & L Cognition and Learning – Specific Learning Difficulty; Moderate Learning Difficulty; Severe Learning Difficulty;**

**Profound and Multiple Learning Difficulty.**

**C & I Communication and Interaction – Speech, Language and Communication Needs; Autistic Spectrum Disorder**

**SEMH Social Emotional, Mental Health**

**S/P Sensory / Physical – Hearing Impairment; Visual Impairment; Multisensory Impairment; Physical Difficulty.**

**RISK FACTORS**

**Do you have any concerns regarding any of the following?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk** | **High** | **Medium** | **Low** | **N/A** | **Frequency** | **Comment** |
| Harm to staff | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Harm to peers | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Harm to self | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Damage to property | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Class disruption | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Absconding | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Impulsive behaviour | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Ability to evacuate safely | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Anti-social behaviour | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Bullying | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Theft  | [ ]  | [ ]  | [ ]  | [ ]  |  |       |
| Parental issues | [ ]  | [ ]  | [ ]  | [ ]  |  |       |

**Please complete attainment levels for appropriate level**

**Early Years Foundation Stage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal, Social & Emotional Development** | **Please describe strengths** | **Please describe where progress less than expected** | **EYFS****State if:****Significantly Below** **Below****In line with****Exceeding** **their expected levels of development** |
| Making Relationships |  |  |  |
| Self Confidence and Self Awareness |  |  |  |
| Managing Feelings & Behaviour |  |  |  |
| **Physical Development** |  |  |  |
| Moving and Handling |  |  |  |
| Health & Self Care |  |  |  |
| **Communication and Language** |  |  |  |
| Listening and Attention |  |  |  |
| Understanding  |  |  |  |
| Speaking |  |  |  |

**Primary Assessments**

For previous and current year up to year 5, please state if the child is **Significantly Below, Below**, **In line with** or **Exceeding** their expected levels of development. For year 6 children please state SAT result where available.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6 SAT Result****(KS2)** |
| **Reading** |  |  |  |  |  |  |
| **Writing** |  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |  |

**Information on attendance**

|  |  |
| --- | --- |
| **Attendance %** |  |
| **Any fixed term Exclusions?** |  |
| **Any permanent Exclusions?** |  |

|  |
| --- |
| **Details of additional Support/Interventions already in place** |