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**Respect Collaboration of Schools Full Time Alternative Provision Placement**

**Please** complete all sections in full and submit other accompanying documents as required.

Where supporting documentation or further information is required you will see a red \*

**Return form to Mrs V Grainger 01332 973840** v.grainger@kingsmead.derby.sch.uk

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| **Young Person’s Details** |
| **Student Legal Name in Full** |  | **Date of Birth** |  | **Year Group** |  | **Gender** | M/F |
| **Ethnic Group** |  | **First Language** |  | **UPN** |  |
| **Religion** |  | **UCI** |  |
| **Current School** |  | **ULN** |  |
| **Date of Referral** |  | **Is the student considered to be disabled? If yes, please provide details\*** | Yes/No |
| **Parent/Carer Details** |
| **First Parent/Carer Name in Full** |  | **Relation to Student** |  | **Contact number** |  |
| **Second Parent/Carer Name** |  | **Relation to Student** |  | **Contact number** |  |
| **Address (of student and main parent/carer)** |  |
| **Email address (parent/carer – please identify)** |  |

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| **ALL sections below MUST be completed (Click in box if applicable. If left blank, assumed n/a):** |
| **LAC** | **Voluntary\*** |[ ]  **Child protection****SEC 47\*** |[ ]  **Child in Need SEC 17\*** | [ ]   | **Private Foster\*** |[ ]  **YOS\*** |[ ]
|  | **Statutory\*** |[ ]   |  |  |  |  |  |  |  |
| **If LAC or CP which local authority holds the order:** |
| **Pupil Premium** |
| **Entitled to free school meals.\*** |[ ]  **Pupil Premium (+).** |[ ]

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| **Other Agencies Involved** |
| **Name of Agencies** | **Contact Name** | **Phone Numbers** |
| **Social Care** |  |  |
| **EWS** |  |  |
| **CAMHS** |  |  |
| **YOS** |  |  |
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| **Social / Home Circumstances** |
| **If there have been concerns or information about the student’s social circumstances please describe these briefly below. In particular, comment on any information provided by Social Services, EWS etc. Are there any child protection issues?**  |
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| **Any family circumstances that key staff should be made aware of.** |
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| **SEN/Health Details** |
| **EHCP\*** |  | **Undergoing assessment\*** |  | **SEN Support\*** |  |
| **SENCO/SEN School Contact Name** |  | **Telephone** |  |
| **Email** |  |
| **Specific SEN** | **ADHD** | **Asperger’s** | **ASD** | **SEMHD** | **HI** | **MLD** |
| **MSI** | **PD** | **PMLD** | **SLD** | **SpLD** | **Other** |
| **Are there any access arrangements in place i.e., reader, scribe, extra time, prompter, rest breaks, enlarged paper’s etc.\*** |  |
| **Describe briefly the student’s Special Educational Needs (Attach supplementary information as applicable, see checklist)\*** |  |
| **Does the student have any medical needs / health concerns / physical needs / prescribed medication (Attach supplementary information as applicable, see checklist)\*** |  |
| **If there have been concerns about the student’s mental health describe briefly the reasons. Please indicate whether or not a referral has been made to a mental health professional.\*** |  |

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| **Safeguarding/Risk Assessment\*** |
| **DSL School Contact Name** |  | **Telephone** |  |
| **Email** |  |
| **Has a pre-EHA or EHA been completed for this student?\*** | YES NO |
| **Does this student have a history of violence towards others?** **If yes, to whom?****Please provide brief details.\*** | YES NO Who:Details: |
| **Does this student pose a significant threat of harm to others?\*** | YES NO |
| **Does this student have any history of substance misuse?\*** | YES NO |
| **Any other significant event we need to be aware of that may impact on student behaviour.** |  |

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| **Current Academic Information** |
| **Is the student currently attending mainstream lessons?** | YES/NO |
| **If no, where does the student access core subject lessons?** |  |
| **Is the student accessing any other alternative provision in addition to this referral e.g. school’s internal AP centre, other offsite vocational or core provision** | YES/NO |
| **Please provide brief details and use the timetable below to show current offer** |  |
| **Current Timetable/Availability** **(add in any AM or PM core or vocational sessions that are currently being offered)** |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

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| **Current working and target grades\*** |
| **Subject** | **Specification/ Course** | **Delivered by** | **Target Grade** | **Current Grade** |
| **English** |  |  |  |  |
| **Maths** |  |  |  |  |
| **Science** |  |  |  |  |
| **ICT** |  |  |  |  |
| **Other subjects relevant to referral (please list below)** |  |
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| **Exams Officer** |
| **Name** |  | **Telephone** |  |
| **Email** |  |

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| **What are the student’s strengths / interest, including activities outside school?** |
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| **Are parents aware of the referral? What are their views?** |
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| **Is the student aware of the referral? What are his/her views?** |
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| **School to give a brief statement of why this full time alternative provision placement could be successful for this student. Please add any specific ‘social’ ‘academic’ and ‘personal’ outcomes you anticipate the student could achieve from the provision requested.**  |
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| **Fixed Term Exclusion Data** **(A risk assessment\* will be requested if the FTE highlight possible current or ongoing risks)** |
| **FTE Date** | **FTE Duration** | **Reasons for FTE** | **Reintegration Steps Taken** |
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| **Behaviour\*** |
| **Describe briefly the student’s behaviour and any involvement of LA or other services that support this.**  |
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| **Comment on any specific behaviour issues.** |
|  |
| **Comment on the student’s attitude to work, with staff and with peers.** |
|  |
| **Outline any successful/unsuccessful strategies for working with this student – include an overview of interventions tried and dates if relevant.**  |
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| **Attendance** |
| **Provide details of current attendance below: also if possible to include details of past two academic years. Summarise any factors that affect attendance.**  |
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| **Health and Safety\*** |
| **Summarise any health and safety concerns that have been raised.**  |
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**Further information**

The following information will be used to assist in making decisions regarding the most appropriate next steps for this student.

1. **Within the school setting**

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|  **Copes well difficulty coping (please tick** ✓**)** |
|  | **1** | **2** | **3** | **4** | **5** |
| **Whole class settings** |  |  |  |  |  |
| **Small group settings** |  |  |  |  |  |
| **One to one basis** |  |  |  |  |  |
| **On corridors / general movement around building** |  |  |  |  |  |
| **Lunch / break times** |  |  |  |  |  |
| **Before and after school** |  |  |  |  |  |

1. **Other indicators of risk**

 Please indicate whether any of the following apply to the student (please tick✓)

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|  | **Never** | **Occasionally** | **Frequently** |
| **Gives in easily to pressure from others** |  |  |  |
| **Has poor control of temper** |  |  |  |
| **Challenges authority** |  |  |  |
| **Has caused damage to property** |  |  |  |
| **Verbally abuses peers** |  |  |  |
| **Verbally abuses staff** |  |  |  |
| **Displays aggressive behaviour** |  |  |  |
| **Has caused deliberate injury to peers** |  |  |  |
| **Has caused deliberate injury to staff** |  |  |  |
| **Displays sexually inappropriate behaviour** |  |  |  |
| **Attempts to manipulate / control others** |  |  |  |
| **Is at risk of self-harm** |  |  |  |
| **Drugs / alcohol have an impact on behaviour** |  |  |  |
| **Has brought in or used an offensive weapon** |  |  |  |
| **Has shown racist behaviour** |  |  |  |

**Name of person completing the form: Date:**

**Role in school:**

**Check List – Please Tick ✓**

**Please include the following documents or state n/a if not applicable:**

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| **Risk Assessment** |  |
| **Parental Consent**  |  |
| **School work completed and relevant to the continuation of courses offered** |  |
| **Any exam results already taken** |  |
| **EHCP or information submitted for statutory assessment** |  |
| **Exam Access arrangements**  |  |
| **IEP/MEP/Individual Plan/EP assessments** |  |
| **EHA or Pre EHA** |  |
| **Important medical information** |  |
| **Safeguarding records/information** |  |
| **Any other useful information** |  |

All forms will forwarded to KM Panel for consideration on a place. All accompanying documentation must be provided before any student will be given a start date or their registration status changed.