# Request for Alternative Provision from Education Inclusion Support Service (EISS) Primary Support Service

**Key Stages 1 and 2**

**All requests for alternative provision to what is ordinarily available at school will be placed on the Education Inclusion Support Service Panel (RRP)**

Please return this form to the by email: EISS@achievingforchildren.org.uk

**Before requesting alternative provision please be mindful that if the request falls outside of the local authority statutory duty to provide alternative provision, there will be a charge for services provided to the referring body.**

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| **Pupil Information Section 1** |
| **Pupil’s name** |  | **☐Female****☐Male** |
| **Date of birth** |  | **Year group** |  |
| **School** |  | **UPN:** |  |
| **Ethnicity** |  |
| **Home address** |  | **Local Authority** | **☐Kingston****☐Richmond** |
| **Cluster**  |  |
| **Name of parents or carers** | Mother:Contact number:Email address:Home address:(if different from above) | Father:Contact number:Email Address:Home address:(if different from above) |
| **Type of request** (Please highlight your referral) **Section 2** |
| **☐Medical** | **☐At Risk of Permanent Exclusion**  | **☐Special Educational Needs and Disability (via SEN)** |
| **Before requesting individual tuition please be mindful that if the request falls outside of the local authority statutory duty to provide individual tuition, there may be a charge for services provided to the referring body.**  |
| **Date of referral:** |
| **Details of referrer:**  | Name:Tel:Email: |
| **Details of Lead Professional in School: Head of Year or****SENCO** **This will be the allocated teacher for the EISS main contact in school** | Name:Tel:Email: |
| **Other professional involvement** | **Report attached and date of report** **Section 3** |
| **Early Help and Assessment Planning Tool completed** | ☐Yes☐NoLead professional:Contact details: |  |
| **Child looked after by the authority** | ☐Yes☐NoLead professional:Contact details: |  |
| **Child protection plan/child in need plan** | ☐Yes☐NoLead professional:Contact details: |  |
| **CAMHS** | ☐Yes☐NoClinician:Contact details: |  |
| **Other services****and named professional** | Educational psychology: ☐Yes ☐No EP name:Contact details: |  |
| Education Welfare Service: ☐Yes ☐NoEWO name:Contact details: |  |
| Social Care Team: ☐Yes ☐NoSocial worker name: Family Support name: Contact details: |  |
| Health: ☐Yes ☐No Consultants name:Contact details:  |  |
| Youth Offending Team: ☐Yes ☐No YOS worker name:Contact details: |  |
| Other:  |  |

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| Educational Information Section 4 |

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| **Key Stage 1** | **Current levels**  |
| **Maths**  |  |
| **English**  |  |
| **Science**  |  |
| **Key Stage 2** | **Current levels**  |
| **Maths**  |  |
| **English**  |  |
| **Science**  |  |

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| **Attendance information Section 5****Please attach a copy of the attendance certificates with your request** |
| **Current Year %** |  |
| **Previous Year %** |  |
| **Exclusion information Section 6**  |
| **Details of any fixed term exclusions** |  |

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| Medical request information Section 7**If your request is for ‘medical tuition’ then following section MUST be completed.****Please note that medical referrals will not be considered unless accompanied by a signed letter from the consultant concerned with this child. (see section 3)** |
| **Please give details of the medical condition and diagnosis, please ensure the report is attached**  |
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| **For how long do you anticipate tuition will be needed** |
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| **Please include any other information that could help us plan and work more effectively with the child concerned to provide a continuum of care** |
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| At risk of permanent exclusion Section 8 |
| **Please provide details of any fixed Term Exclusion**  |
| **Dates:** | **Duration:** | **Reason:**  | **Details of support or additional provision following exclusion** | **What preventative measures have been taken to prevent further exclusion?** |
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| **Special educational needs and disability request information Section 9****Please note that SEND referrals will be charged through SEND Finance**  |
| **Education, health and care plan coordinator’s name and contact details** |
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| **Date of SEN Panel where request was agreed and notes attached**  |
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| **Please give a brief explanation for the request i.e. Moved in, Complex needs and no school place available**  |
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| **Please attach the following with your request**  | **Date of information provided**  |
| **EHCP or statement** |  |
| **Appendices (if current)** |  |
| **Last annual/interim review** |  |
| **any other reports you feel are necessary** |  |

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| **Details of expected outcome following a period of alternative provision Section 10** |
| **Options** | **Please tick only one option**  |
| Has particular social and behavioural difficulties and has a personalised learning plan: this means that, by arrangement, they do not attend their usual school full time. Joint planning is arranged by school with key professionals to secure an increased access to education? |  |
| Has mental health needs and accesses Child and Adolescent Mental Health Services (CAMHS), either as an in-patient or through services provided in the community? A care plan is agreed to reintegrate back into full time education. |  |
| Has medical needs other than mental health needs and will return to school when well enough? |  |
| Has complex needs and no suitable school place is available. Consultation of appropriate provision is to be carried out? |  |
| Is new to the country and awaiting a school place? The child has been referred to the School Admissions Department or SEND, whichever is appropriate.  |  |
| Has moved from another area and a school place has not been secured; this may include children who are looked after? The child has been referred to the School Admissions Department or SEND, whichever is appropriate. |  |
| **Risk Assessment Section 11** |
| **To be completed by the School/Referrer** **Please note Referrals will not be accepted without a completed Risk Assessment** |
| **Significant/Critical Risk** |
|  | **Yes/No** | **Specific incident/s details** | **Professional advice/ Risk management plan attached**  |
| **Drug use/carrying** |  |  |  |
| **Weapons use/carrying**  |  |  |  |
| **Sexual Misconduct**  |  |  |  |

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| **Risk to self 0=no risk 1=some concern 2= significant risk 3=high risk** |
|  | **0 – 3**  | **Triggers/context** | **Successful strategies to mitigate risk**  | **Unsuccessful strategies to mitigate risk**  |
| **Physical self-harm** |  |  |  |  |
| **Self-isolating**  |  |  |  |  |
| **Dangerous use of equipment/resources**  |  |  |  |  |

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| **Transactional Risk/behaviours 0=no risk 1=some concern 2=significant risk 3=high risk** |
|  | **0 – 3**  | **Triggers/context** | **Successful strategies to mitigate risk**  | **Unsuccessful strategies to mitigate risk**  |
| **Physical aggression towards peers**  |  |  |  |  |
| **Physical aggression towards staff** |  |  |  |  |
| **Allegations against peers**  |  |  |  |  |
| **Allegations against staff**  |  |  |  |  |
| **Race related incidents**  |  |  |  |  |
| **Verbal/coercive intimidation**  |  |  |  |  |
| **Incitement of negative behaviours from peers**  |  |  |  |  |

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| **Risk assessment carried out by**  | **Date**  |
| **Name or referrer:**  |  |

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| **To be completed by the Education Inclusion Support Service after home visit/initial meeting Section 12** |
| **Risk**  | **Observation/evidence**  | **Further consideration needed** |
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| **Risk Assessment Management Plan Section 13** |
| **Is a Risk Management Plan Needed**  | **Yes/No** **If yes please refer to Safeguarding (CGH/CH)**  |

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| **Before a request for alternative provision is made all other provision should be explored to meet the pupil’s needs in school.****All pupils in receipt of less than 25 hours of education will be placed onto the Children Missing Education Register and evidence is required to ensure that any alternative is the most appropriate option for the pupil and the circumstances they are in.**  |
| **Checklist** **Please note that referrals will not be processed if all applicable advice is not attached.** | **Please tick**  |
| **Section 1 Completed** **Pupils Details**  | **☐** |
| **Section 2 Completed** **Type of referral**  | **☐** |
| **Section 3 Completed** **Other professional involvement****Please ensure all details are current and up to date** | **☐** |
| **Section 4 Completed** **Educational information**  | **☐** |
| **Section 5 Completed****Access arrangements**  | **☐** |
| **Section 6 Completed****Pupil attendance**  | **☐** |
| **Section 7 Completed (if applicable)****Medical request information****Referrals will not be considered without advice and evidence from a Consultant** | **☐** |
| **Section 8 Completed (if applicable)****At risk of Permanent Exclusion**  | **☐** |
| **Section 9 Completed (if applicable)****SEND request information**  | **☐** |
| **Section 10****Details of expected outcomes**  | **☐** |
| **Section 11** **Risk Assessment** **Please note referrals will not be accepted without a completed Risk Assessment**  | **☐** |
| **Section 12** **To be completed by the Education Inclusion Support Service (EISS)** | Not to be filled in by the referrer  |

**Thank you for taking the time to fill in the referral form**