**CHS Early Intervention Application Form Year 5 and 6**

This is an application for a short-term early intervention place at the Magpie Centre, Eyres Monsell, which is part of the Children’s Hospital School. This intervention is designed for students who are identified as needing early intervention but who do not trigger access to services such as CAMHS. The purpose of this placement is to provide support and strategies so students can successfully attend their school and fully engage in their education. Students attend the Magpie Centre on Tuesday and Thursday and are expected to attend their home school for the rest of the week.

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| Section A: Personal Details for student | | | | | | | | | | | | | |
| Full name of student needing support: | |  | | | | | DOB: |  | |  | |  |
|  | |  | | | | |  | NCY | |  | |  |
|  | | UPN | | | | |  |  | |  | |  |
|  | | Language spoken at home | | | | |  |  | |  | |  |
| Name known as: |  | | M: | | F: | Prefer to self identify (please specify): | | | | | | | |
| Address: | |  | | | | | | | Postcode: | |  | | |
|  | | | | | | |
| Name of Parent/Carer: | |  | | | | | | |  | |  | | |
| Address: | | (if different to above) | | | | | | |  | |  | | |
| Email: | |  | | | | | | |  | |  | | |
| Contact no: | | Mobile: | | | | | | |  | |  | | |
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| Referrer Information | | | | |
| --- | --- | --- | --- | --- |
| Full Name: |  | |  |  |
| Designation: |  | |  |  |
| School: |  | |  |  |
| Contact no: |  | |  |  |
| Email: |  | |  |  |
| Are you to be the main contact in school? |  | |  |  |
| If no provide name and contact details of main contact in school |  | |  |  |
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| Section B: School and Pupil Information | | | | | | | | |
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| UPN:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ULN:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ethnicity:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EAL:  Pupil Premium:  Free school meals: | | | | | | | | |
| EHCP | Undergoing EHCP assessment | SEN support | LAC | Previously LAC | Adopted | Child Protection plan | Child in Need plan | Current safeguarding concerns |
|  |  |  |  |  |  |  |  |  |
| Attendance for: | | | | | | | | |
| this term (last 6 school weeks) | | | |  | | | | |
| this academic year | | | |  | | | | |
| previous Academic Year | | | |  | | | | |
| comment on attendance | | | |  | | | | |

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| Section C: Reasons for Referral | |
| What are your concerns about this student? |  |
| Have there been any significant family events that may have affected the student?  *e.g .bereavement, illness, separation.* |  |
| Have there been any significant school events that may have affected the student? Please include details of any suspensions.    e.*g. bullying, class transition, friendship issues.* |  |
| Does the student show any signs of attachment difficulties?  *e.g. separation.* |  |

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| Section D: Ideal Outcomes | |
| What do you hope to gain from this referral? |  |

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| Section E: Education |

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| What do you see as the student’s strengths in terms of:   * *Learning* * *Social skills and relationships* * *Health and emotional well-being* |  |
| What are the students Interests in school and out of school?  *e.g. drawing and playing football* |  |
| What aspects of school life does the student find challenging? |  |
| Have you identified any strategies that are helpful to this student? |  |
| What do you see in school on a good day? |  |
| What do you see in school on a day that is more challenging? |  |
| How has the school tried to support this student and how successful has each intervention been?  *e.g. small group teaching, mentoring, meeting and greeting, home visits, 1:1 teaching* |  |

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| Section F: Health Support and other agencies | |
| Physical and mental health needs can warrant an Individual Health Care Plan.  Does the student have an Individual Health Care Plan? | Yes/No  NB. A copy of an EHCP must be enclosed with this referral |
| Has the student got a care plan from a medical professional? | Yes/No  Please state reason:  NB. A copy of the care/action plan must be enclosed with this referral |
| Does the student have any additional health needs/requirements? |  |
| Are other agencies involved with this student (or their family)? What are the reasons for their involvement? |  |
| What support is in place or planned for this student? |  |

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| Section G: Transport | |
| If offered an Early Intervention place how will the student travel to and from the sessions at the Magpie Centre? |  |

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| Section H: Student, Parents and Carers | | | | |
| What are the views of the student? |  | | | |
| What are the views of the parent/carer? |  | | | |
| **PARENT CONSENT** –  PARENTS ARE AWARE OF THIS REFERRAL AND:   1. Have given permission for the Children’s Hospital School to contact them. 2. For the Children’s Hospital School to consult with Educational Psychologist, School Medical Officer/GP and other Professionals. 3. Will ensure that their child engages fully in the educational provision made by the Children’s Hospital School. | | Parent/Carer  Print Name: |  | |
| Parent/Carer  Signature: |  | |
| Date: | |  |

| Baseline Information | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Full Name: | |  | | | | Date: | |  |
| School Name: | |  | | | | | | |
| Please circle relevant boxes below: | | | | | | | | |
| Attendance in last 6 school weeks | >50% | | 25-50% | 10-25% | <10% | | 0% | |
| Attendance | Attends school all day | | Attends school most of the day | Attends mornings only | Attends afternoons only | | Does not attend school | |
| Independence in lessons | Is independent in class | | Some accommodations made by teacher but largely independent | Some adult support in class | Has adult support at all times | | Is not able to attend class even with support | |
| Social times (breaks and lunchtimes) | Mixes with other students well, without support | | Manages social times without support | Manages social times in supported environment | Is supported by staff at social times | | Avoids school at social times | |
| Accessing Lessons | Goes into classrooms for lessons without support | | Accesses classrooms with support | Accesses small group teaching | Accesses 1:1 teaching | | Does not access teaching in school | |
| Friendships | Has a number of good relationships | | Has more than one good relationship with other students | Has one good relationship | Has acquaintances | | Socially isolated | |
| Cooperation | Always cooperative and follows rules | | Small infrequent problems | Some problems, cannot / will not cooperate especially when under stress | General issues with behavior | | Behavioral difficulties | |
| Communication | Communicates well and is polite | | Some difficulties communicating | Often cannot / will not communicate e.g. in class or discussions with staff | Sometimes is inappropriate | | Is often rude and inappropriate | |

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| Please highlight any of the following statements that apply to the student: | | | |
| Lacks confidence | Passive learner | Struggles to start work or stay on task | Low self-esteem/confidence |
| Lacks resilience | Struggles managing feelings | Struggles working in a group | High level of anxiety |
| Finds it difficult making relationships with peers | Finds it difficult making relationships with adults | Lacks motivation | Gets angry, aggressive or frustrated |

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| Curriculum Information | | | |
|  | **Level of working** | | |
| **Subject** | **Below age expectations** | **At age expectations** | **Above age expectations** |
| **Reading** |  |  |  |
| **Writing** |  |  |  |
| **Spelling, punctuation and grammar** |  |  |  |
| **Maths** |  |  |  |
| **Science** |  |  |  |
| **Please include any other information you feel relevant** | | | |
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| **Please make sure that all sections are completed in full. Incomplete/missing information may result in a delay.** | | | |
| **Completed referral form and supporting documents can be sent to the school either:**  **by post - Children’s Hospital School, Willow Bank School, Simmins Crescent, Leicester, LE2 9AH or**  **via email** [**referrals@childrenshospitalschool.leicester.sch.uk**](mailto:referrals@childrenshospitalschool.leicester.sch.uk)  **If you would like to discuss any aspect of the referral process, please contact Elaine Stephens, Review and Referral Administrator on 0116 229 8137 (option 3)** | | | |