**CHS Early Intervention Application Form KS3**

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 Mon, Wed & Friday and are expected to attend their home school for the rest of the week.

|  |
| --- |
| 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:       |  |  |
|  |  |  |

| 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  |  |  |  |
|  |  |

| Section B: School and Pupil Information |
| --- |
| 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 |       |

|  |
| --- |
| Section C: Reasons for Referral |
| What are your concerns about this student? |       |
| Relevant family background |       |
| How does this impact on the student? |       |

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

|  |
| --- |
| Section E: Education |
| Describe how the student presents in school.*Comment on* * *Academic ability*
* *Engagement in lessons*
* *Friendships*
* *Behaviour in lessons and break/lunch times* ***(including details of any suspensions)***
* *Independence*
* *Sensory needs*
 |       |
| Have you identified any particular challenges for this student?  |  |
| 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* |       |
| Please comment on the student’s strengths and weaknesses:* *Academic ability and achievements*
* *Social skills and relationships*
* *Health and emotional well-being*
 |       |
|  |

|  |
| --- |
| 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? |       |

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

|  |
| --- |
| 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/CarerPrint Name:  |       |
| Parent/CarerSignature: |       |
| 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% |
| Timetable | Timetabled for all subjects | Timetabled for most subject classes | Timetabled for less than 4 subject classes for | Timetabled for 1 or 2 classes | Not expected to attend classes |
| 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 |
| Navigates the school | Can move around school and follow timetable independently | With small accommodations can manage timetable independently | Support required such as meeting and greeting or prompting throughout the day | Substantial support required e.g. accompanied in small part of the school | Does not move around school |
| 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 |

|  |  |
| --- | --- |
| Curriculum Information |  |
|  | **Level of working**  |  |
| **Subject** | **Below age expectations** | **At age expectations** | **Above age expectations** |  |
| **English** |       |       |       |  |
| **Maths** |       |       |       |  |
| **Science** |       |       |       |  |
| **ICT** |       |       |       |  |
| **RE** |       |       |       |  |
| **ART** |       |       |       |  |
| **Humanities**  |  |  |  |  |
| **Design and Technology**  |  |  |  |  |
| **MFL** |  |  |  | Please state language(s) studied |
| **Other (Please state)** |  |  |  |  |
| **Please include any other information you feel relevant** |  |
|  |
| **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****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)** |