Intervention Request Form 2019-20

To be considered by the Inclusion Panel please complete **ALL** areas of this form to allow the panel to make the most informed decision regarding the request for placement at Compass School.

Please send this form, once completed via Anycomms+ to 'IYFA/PHIG'.
You will receive a receipt of your request and a date to inform you of when this will go to panel.
Do not send this form by email due to data protection issues.

Referring School	The Romsey School	Tel No.	01794 512334

1	**Pupil Details**	**2**	**Registration**					
Legal Forename		CLA Status	Yes		No			
Legal Surname		Caring Authority						
Preferred Surname		Ever in Care						
Gender		When (add dates)						
Date of Birth		FSM Status			FSM Ever 6	Date		
Year Group		UPN			ULN			

3	**SEND**		
SEN Status		SEN Need	
Does the pupil currently have an EHCP? (please tick)		No	
Brief overview of learner's Special Educational Needs			

Is an EHCP being considered?	Yes		No	

4	**Parent/Carer: Home Address**	**5**	**Main Telephones and Emails**
Name		Home Telephone	
Relationship		Main Mobile	
Post Code		Home Email	
House Number		Other Telephones	
Street		Pupil's Mobile	
Town		Pupil's Email	

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6	Ethnicity:			
Nationality		Ethnicity		
Child's Country of Birth		Religion		
Is English an additional language (EAL)?		Any other language(s) spoken at home? Please specify		

7a	Primary pupil requests only: Core Subjects and Pupil Attainment		
Subject	**Key Stage TA**	**Current Level**	**Notes if appropriate**
Reading			
Writing			
Maths			

7b	Key Stage 3 pupil requests only: Core Subjects Pupil Attainment based on Age Related Expectations (ARE)					
English	Please tick one	**Maths**	Please tick one	**Science**	Please tick one
Secure (On ARE)		Secure		Secure (On ARE)	
Beginning (Up to 1 year below)		Beginning (Up to 1 year below)		Beginning (Up to 1 year below)	
Foundation (Up to 2 years below)		Foundation (Up to 2 years below)		Foundation (Up to 2 years below)	

7c	Key Stage 3 and 4 pupil requests only: Core Subjects and Pupil Attainment		
Subject	**KS2 TA**	**KS2 SATs**	**Notes if appropriate**
English			
Mathematics			
Science			

7d	Examination Subjects If appropriate for KS3 pupils and essential for Key Stage 4				
Subject	**Board / Syllabus**	**Grade Obtained**	**Predicted Grade**	**Notes if appropriate**
English				
Mathematics				

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Exam Dispensation – Access Arrangements If a place is agreed Compass School will need the following 3 documents: Original Assessments, Original Form 8 signed by the Specialist Assessor, a copy of the Specialist Assessor's certificate.				
Does the pupil have Form 8 on the access arrangements?	Yes		No	

8	**Reasons For Referral** Please give specific details of the nature and frequency of difficulties the pupil has and the specific reasons for the intervention referral.

9	**Interventions – Please list all interventions used to support the pupil** Please provide as much detail as possible. Please include academic and Learn to Learn interventions that have been implemented including successful measures.

Interventions	Intended Outcomes	Impact

10	**Home Visit Information**	
Appropriate for lone visits to home	Yes/No	Details (if no):

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11 Attendance
SIMS print out must be attached.

Academic Year	% Present	% Late	% Authorised Absence	% Unauthorised Absence	Comments if appropriate
Current Year					
Previous Academic Year					
Is EWS involved	Yes	No	If 'yes' – Please confirm status		
	Name				
	Email				
	Telephone Direct Line				

12 Timetable

Is the pupil on a full time timetable? If the answer is no, when was the last time the pupil was on a full time timetable?	Please attach details of any reduced timetable including the completed LA reduced timetable document(s)

13 Previous Schools
Please include all secondary schools and last primary school.

School	Arrival Date	Leaving Date	Reason For Leaving

14 Exit school and plan

Pupil to return to home school	Yes	No	If the answer is no, a new school needs to be agreed before a request can be agreed. Please name the agreed exit school and contact:
On exit, how will the long term needs of the pupil be met?			

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15 Exclusions Log
Please include last 3 years records.

Year	No of Days	No of Exclusions	Main reasons
Current Year			
Previous Academic Year			
2 years ago			

16 Safeguarding and Child Protection

Is there any safeguarding and child protection information to pass on?	Yes /No		Name	
			Email	
			Telephone Direct Line	

17 Agencies
Please give details of agencies involved (In the last 12 months) with the pupil and/or family

Agency	Link Person	Contact Details	Date From	Date Finished
CAMHS				
DASH				
Early Help				
EP Service				
No Limits				
Social Care				
YOS				

18 Early Help – If Early Help Intervention has taken place, please give reasons for this:
If yes please attach.

19 Medical
Please give details of any medical conditions and medication taken by the pupil.

20 Additional Information/Comments

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21	**Main School Contact** Member of staff responsible for information on this form and placement request.		
Date Application Submitted		Name	
		Email	
		Telephone Direct Line	
22	**Parents views on their child's additional needs**		
23	**Pupil's views on their own additional needs**		
24	**Information Sharing and Storage Consent Form**		

As part of your engagement with Compass School, the home school needs to share your family and child's personal information with Compass School and the Inclusion Panel, so we can understand how best to help you and your family.
We will treat all personal information confidentially and we will not share it with anyone where you have instructed us not to, except in the instance of safeguarding and child protection.
Your personal information will be stored, shared and retained securely in accordance with the General Data Protection Act 2018 which sets out time periods for retention and disposal policies in place across our partner agencies for the type of services and support we may refer families to.

I give full consent for my information to be shared with the Inclusion Panel.

Parent/Carer signature		Please print		Date	

25	**Finance**			
Is pupil eligible for pupil premium	Yes	no	No	no
School to be invoiced	The Romsey School			
26	**Headteacher signature of requesting school**			
Signed on behalf of School (to be invoiced)		Please print	Mrs A Eagle	