**South Somerset Behaviour Partnership:**

Request for Alternative Provision; **Year \_\_\_\_\_\_\_\_\_\_\_\_**

**School:** Click here to enter text.

Pupil Name: Click here to enter text. DoB: Click here to enter text.

Gender: M  F UPN:

Names of Parent(s)/Carer(s):

Current Address**:**

Post code:  Telephone:  Mobile:

**What are you requesting (please tick one only)**

Dual registered Alternative Provision, 1 day a week

Dual registered Alternative Provision, 2 days a week

Full time provision

*(ALL provision is subject to a charge of £50 per day. This funding is released to school transport and does not purchase the PRU place.)*

Eligibility for Free School Meals: Yes  No

Does the child have a CP Plan? Yes No

Is the Child a CiN? Yes  No

Who is their Social Worker?: Click here to enter text.

Does the child have an EHCP? Yes  No

SEND Category (Primary Need): Click here to enter text.

*(Please note that our work is for pupils with Primary Need SEMH, if their primary need is another category of SEND, you may be signposted to a different service better suited to meet their needs).*

SEND Banding: Click here to enter text.

Has there been past PRU involvement?

Please give brief details with dates:

Please list other agencies involved and, where possible, provide contact details.

|  |  |
| --- | --- |
| Other Agencies Involved | Contact Name |
|  |  |

You must ensure an Early Help Assessment has been completed prior to this referral.

I confirm there is an EHA:

Name of the Lead professional: Click here to enter text.

School Contact: (Named teacher responsible for students on alternative provision)

Telephone number:

**A copy of the EHA must be attached to this request.**

Additionally, it would be helpful if the following could be provided;

* Minutes of Multi-Professional meetings
* Pupil’s IEP and SEND Review / Annual review information
* Attendance record for the current Academic Year
* Data showing progress over time (full time pupils only)
* Risk Assessment where necessary
* Behaviour Logs

**Dual Registered Agreement**

|  |
| --- |
| Print name of person completing this form:  Position in school:       Signature:  Headteacher’s signature:       Date:  The Headteacher’s signature confirms an understanding of the following:   * That the school will be invoiced *£50 per day* that the pupil is on roll with SSPS. * That the school will be responsible for the safeguarding of the pupil;   *In partnership with SSPS when they are attending the PRU.*  *Solely on days they are not registered to attend the PRU.*  **NO REQUESTS WILL BE CONSIDERED WITHOUT A HEADTEACHERS SIGNATURE** |
| Parent(s)/Carer(s) (Adult with legal responsibility) must give permission for this referral.  Have they done so? Yes  No  Parental view: |
| Parental consent for information to be shared with professionals within Individual Services:  **No referrals can be progressed unless this agreement is signed by the parent.**  Yes  Parent’s signature: Date: |
| For completion at Partnership Board:  Agreed provision for pupil:  Additional information / signposting:  (Headteacher; SSPS) Date: Click here to enter text. |