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**Golden Hill (short stay) School**

**Mainstream School Request for a 12 Week Referral Placement**

Name of Child:

DOB: /

Year Group:

School:

Date of Request:

This form is to be completed for a pupil for whom you wish to request a referral placement at Golden Hill (short stay) School

The completed form should be forwarded to [ghist@goldenhill.lancs.sch.uk](mailto:ghist@goldenhill.lancs.sch.uk). The final page should be signed by the Head Teacher, scanned and forwarded by email.

MUST BE A WORD DOCUMENT NOT PDF

**Schools accessing a referral placement at Golden Hill will commit to paying:**

* **12-week Referral Placement: £3,250**
* **Schools will also commit to providing staff to attend Golden Hill within the final 2 weeks as part of the Pupil Reintegration programme.**
* **NB: Placements offered at Golden Hill are subject to capacity.**

Please provide us with up to date information about the child you are referring:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Checklist** | | | | **FURTHER COMMENTS/RELEVANT INFORMATION** | | | | | |
| **Is a CAF/EHA open?** | | | |  | | | | | |
| **If yes, what is the URN number?** | | | |  | | | | | |
| **When is the next TAF Meeting date?**  **Who is the Lead Professional?** | | | |  | | | | | |
| **Is the child on a Child In Need Plan?** | | | |  | | | | | |
| **Are Children’s Social Care involved?**  **If so, who is the allocated Social Worker?** | | | |  | | | | | |
| **Is the child a ‘Child**  **Looked After’** | | | |  | | | | | |
| **Is the child post adopted? SGO?** | | | |  | | | | | |
|  | | | |  | | | | | |
| **SAFEGUARDING CONCERNS (Encompass, Allegations)** | | | | | | | | | |
|  | | | | | | | | | |
| **Graduated Response** | | | | | | | | | |
|  | **Date** | | | | **Agency involved** | | **Work undertaken (summary points)** | **Outcomes / impact (summary points)** | |
| **Specialist support** |  | | | |  | |  |  | |
| **Educational Psychologist** | |  | | |  | |  |  | |
| **SEND** | | | | | | | | | |
| **Is the child in SIA?**  **Name of Link SENDO** | | | |  | | | | | |
| **Letter 1 date?**  If a request has previously been turned down, include this information. | | | |  | | | | | |
| **Letter 3 date?**  Please send a copy of this. | | | | Allocated SENDO:  Date of 16 weeks (when SEND will decide whether to issue an EHCP or not)  Date of 20 weeks (When the Final EHCP is due) | | | | | |
|  | | | |  | | | | | |
| **AGENCY INVOLVEMENT** | | | | | | | | | |
| **Agency** | | | **Date** | | | **Allocated worker** | **Work Undertaken** | | **Outcomes / Impact** |
| **CFWS** | | |  | | |  |  | |  |
| **PAEDIATRICIAN** | | |  | | |  |  | |  |
| **CAMHS** | | |  | | |  |  | |  |
| **SCHOOL NURSE** | | |  | | |  |  | |  |
| **SALT** | | |  | | |  |  | |  |
| **OT** | | |  | | |  |  | |  |
| **CANW** | | |  | | |  |  | |  |
| **PLAY THERAPIST** | | |  | | |  |  | |  |
| **COUNSELLOR** | | |  | | |  |  | |  |
| **NEST** | | |  | | |  |  | |  |
| **PAST** | | |  | | |  |  | |  |
| **OTHERS** | | |  | | |  |  | |  |

**Please give details of any medical issues:**

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**Nature of School. E.g. size, type, catchment, previous involvement with Golden Hill, class size, number of pupils with SEND etc**

**Please outline why an intervention placement at Golden Hill is being sought:**

**Please define three achievable suggested outcomes and success criteria that you would like Golden Hill to address during the placement:**

N.B. PLEASE ENSURE THESE ARE SMART TARGETS THAT CAN REALISTICALLY BE ACHIEVED IN A 12 WEEK PERIOD. THESE SHOULD BE LINKED TO THE EP ADVICE OR SPECIALIST INTERVENTION ADVICE.

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| **Outcome to be achieved** | | **Success Criteria** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**How will your school support this placement and subsequent transition back into school?**

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| ***N.B. Pupil transition back to mainstream school is the most challenging part of a pupil referral placement at Golden Hill.***  ***During the final 2 weeks of the 12-week placement the child’s school must commit to providing a mainstream staff who will work alongside Golden Hill’s staff. This ensures the staff members can re-establish a positive relationship with the child and receive guidance from Golden Hill staff in how to support the child effectively in the mainstream setting.***  **Name of the Transition Staff:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ASSESSMENT** | | | | | | | | | |
| **EYFS** | Reading  Writing  Maths | | **Phonics Score**  **(Year 1 / 2)** |  | | **Key Stage 1 SATS** | | Reading  Writing  Maths | |
| **Speaking and listening:** | |  | | **Reading:** | | |  | | |
| **Writing:** | |  | | **Phonics Phase:** |  | | **Reading Book Band:** | |  |
| **Maths:** | |  | | **Science:** | | |  | | |

|  |  |
| --- | --- |
| Communication & Interaction |  |
| Physical & Sensory |  |
| Independence & Self Help  (Getting dressed / Toilet) | Intimate Care Plan in Place? |

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| --- | --- |
| **ATTENDANCE** | |
| Attendance figures: | Has the child been in school full time or part time?  If part time: what hours is the child currently attending school and are they in class? |

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| **FIXED TERM EXCLUSIONS** |
| Has the child had any fixed term exclusions?  If yes, please give dates and details below: |

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| **Name of Parent/Carer(s) with Parental Responsibility:** |

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| --- |
| **Parent/Carer(s) views of the placement at Golden Hill:** |

***I agree for the request for a placement at Golden Hill (short stay) School to be submitted. I understand that information will be shared with the school about my child and there may be information of a sensitive nature. If a placement is agreed information will be stored on the pupil file (Golden Hill Privacy Notice will be adhered to) until the child transfers to another school. If a placement is declined, information will be held for a period 12 months pending further requests for placement from the school.***

**Signed: (Parent/Carer) Print Name:**

**Signed: (Head Teacher of Mainstream School ) Print Name**