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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. 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**
* **Please note, in addition to the placement costs, any funding allocated with your child will be charged to the school, eg. Free school meal allowance, PPG, high needs, core funding 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:

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| **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)** |
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| **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:** |

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| **ASSESSMENT**  |
| **EYFS** | ReadingWritingMaths | **Phonics Score** **(Year 1 / 2)** |  | **Key Stage 1 SATS** | ReadingWritingMaths |
| **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:**

***School are agreeing to a 12-week referral placement at a cost of £3250. Please note, in addition to the placement costs, any funding allocated with your child will be charged to the school, eg. Free school meal allowance, PPG, high needs, core funding programme.***

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