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**Golden Hill (short stay) School**

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

**2025-2026**

Name of Child:

DOB:

Year Group:

School:

Date of Request:

This form is to be completed in full including the most up to date information for the pupil for whom you wish to request a 12-week referral placement at Golden Hill (short stay) School

The completed form should be submitted 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 before 12 noon on the date of the deadline, this information can be found on the website.

**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**
* **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 (if appropriate)**
* **Additional costs may also be implemented, please ensure you read the Referral Pupil Admission Panel Meeting Protocols on our website.**
* **NB: Placements at Golden Hill will only be offered if it is deemed an appropriate intervention and is 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?** | | | |  | | | | | |
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| **SAFEGUARDING CONCERNS (Encompass, Allegations)** | | | | | | | | | |
|  | | | | | | | | | |
| **Graduated Response** | | | | | | | | | |
|  | **Date** | | | | **Agency involved** | | **Work undertaken (summary points)** | **Outcomes / impact (summary points)** | |
| **GHIST** |  | | | |  | |  |  | |
| **Specialist support** |  | | | |  | |  |  | |
| **Educational Psychologist** | |  | | |  | |  |  | |
| **SEND** | | | | | | | | | |
| **Is the child in SIA?**  **Name of Case Manager** | | | |  | | | | | |
| **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** | | |  | | |  |  | |  |

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

**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 only 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.***  ***At the 8-week re-integration/transition meeting a bespoke plan will be discussed and agreed with the mainstream school and Golden Hill tight team around the child.***  **Name of the mainstream tight team:** |

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| **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 back to their mainstream setting. If a placement is declined, information will be held for a period 12 months pending further requests for placement from the school.***

**Parents/carers please ensure you read the request carefully and agree with the information provided along with the terms of the placement.**

**When signing below please ensure wet signatures are provided.**

**Signed: (Parent/Carer)**

**Print Name: Date:**

***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 (if appropriate).***

***I have read and adhere to the Referral Pupil Admission Panel Meeting Protocols.***

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

**Print Name Date:**