**ASPIRE PRIMARY SEMH OUTREACH**

**RERERRAL FORM**

**Pupil Details**

**PRIMARY OUTREACH**

|  |  |
| --- | --- |
| **Pupil Name** | Click here to enter text. |
| **D.O.B.** | Click or tap to enter a date. |
| **Gender** | Click here to enter text. |
| **Year Group** | Click here to enter text. |
| **UPN** | Click here to enter text. |

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| --- |
| Date received:Click here to enter text. |
| Date for Panel:Click here to enter text. |
| Panel outcome:Click here to enter text. |

**Details of person completing this form**

Internal use only:

|  |  |
| --- | --- |
| **Referring School** | Click here to enter text. |
| **Full Name** | Click here to enter text. |
| **Job Roll** | Click here to enter text. |
| **Contact Number** | Click here to enter text. |
| **Contact E-mail** | Click here to enter text. |

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| **Checklist of Information from Referring School** | tick | QA by SPR Panel Support |
| Service Level Agreement (SLA), Read, Adapted to need by OutReach and Signed by the Headteacher of the referring school. This outlines roles, responsibilities and expectations. |  |  |
| **Part 1** - Student and Parent Details |  |  |
| **Part 2** - All contact details of other agencies involved with the child/family  |  |  |
| **Part 3a** - Secured Attainment- KS1, baseline tests, most recent assessment data, please attach additional data if necessary |  |  |
| **Part 3b** - Most recent timetable for pupil attached (Part 3b) |  |  |
| **Part 4** - One Page Pupil Profile |  |  |
| **Part 5** - Risk Assessment  |  |  |
| **Part 6 –** All about me. To be completed with the student. |  |  |
| **Part 7 -**  Supporting Documentation, including Graduated Response and supporting evidence. EHC Plan if the child has one, EP Report etc. |  |  |

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| **Aspire Primary SEMH OutReach** |
| Service Level Agreement between 1. School and2.Aspire Primary SEMH OutReach |
| Placing School Details |
|  Headteacher: Name **(Child Initials - Year)** |
| Service Provider Contact Details |
| Aspire SEMH OutReach**94 Chaucer Road****Herringthorpe****Rotherham****S65 2LD** | Contact: Adam Taylor**Tel: 07931 714405****E-mail:** **outreach@rotherhamaspire.org** |
| Service Description  |
| The Aspire Primary SEMH OutReach Team (APOT) provide bespoke SEMH outreach support for children and young people who attend a Rotherham School, aged between 5 and 10 years of age (Key Stages 1 and 2), with an agreed 12 week period. The APOT provide a service in schools to observe, support, assess and adapt provision for both students and the school staff.  Following the recent observation by Name, SEMH OutReach Specialist, we can confirm that we will begin a 12 week intervention programme commencing Date. |
| **Services provided** |
| * Free in-school service for an agreed 12 week period.
* SEMH Interventions and therapeutic support as appropriate for the child and no less than 1 hour per week.
* Regular weekly (unless otherwise amended) liaison with Placing School including attendance, safeguarding communication and welfare up-dates as necessary and appropriate.
* Half-termly (6 week) review.
* Written updates at the 6 week and 12 week review periods.
* Opportunity to discuss further support at the end of the process.
 |
| **Obligations & Responsibilities** |
| **Our Obligations:** |
| **The APOT will:*** Provide a high quality child centred interventions made bespoke to each student dependant on assessment suggestions, these could be, for example;
1. Recommended Intervention
2. Recommended Intervention
3. Recommended Intervention
* Promote the welfare of the child or young person.
* Support with graduated response documentation so the child has SEMH needs explored and met in a progressive, time appropriate manner.
* Provide the school with training and support with Boxall profiling and reports, Attendance and Behaviour strategies to ensure key performance indicators are improving.
* Where necessary feedback with regards to the child, young person or family into any necessary services as communicated to the home school.
* To have honest, open dialogue with schools, build positive relationships and work in partnership to ensure the child has the best possible outcome.
* Establish supportive and consistent links to secure Parental engagement
 |
| **Your Obligations:** |
| **The placing school will:*** Ensure that all information in relation to the child or young person is shared with APOT.
* Inform parents a referral has been made for additional support and return the signed consent form (within the referral document)
* School’s take full responsibility of all Safeguarding regarding the child, and will act on the information provided by the APOT staff.
* Liaise weekly with the APOT and monitor progress of the interventions.
* Advise and inform APOT both in writing and verbally of any changes arising with regards to COVID cases that are directly linked to school staff or students that the team may encounter.
* Ensure that all statutory processes in relation to attendance, attainment, safeguarding and academic progress are adhered to.
* Ensure that the child is present for interventions, if there a three consecutive missed appointments we will notify of our concerns and review with the Headteacher.
* In the event of cancellation this needs to be done with 24hours notice where possible, if this is due to illness or unforeseeable absence then sessions can be re-booked.  If there is a COVID related event or FTE then we would also ask for some formal written details.

 |
| **Acceptance and Signatures** |
| Please indicate your acceptance of the SLA for beginning the 12 week support in school commencing onw/c date: …..……………………. and a completion on a w/e date: …..……………………. Placing School: Head Teacher Signature: ………………………..**For office / panel review info:**Date forwarded to Inclusion Panel …………………………………….Aspire Primary SEMH OutReach Resource …..…………………………..  |

**Part 1 Basic details for the child and the parent/ carer:**

|  |
| --- |
| **Student Details** |
| Address | Click here to enter text. |
| Ethnicity and Language | Click here to enter text. |
| SEND register (Code on SIMS) | Click here to enter text. |
| SEND Primary Need | Click here to enter text. |
| EHCP In Process (Y/N) | Click here to enter text. |
| Medical Information | Click here to enter text. |

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| **Vulnerable Groups** |
| Early Help Referral made (Date) | Click here to enter text. | Young Offender | Click here to enter text. |
| Child in Need | Click here to enter text. | Young carer | Click here to enter text. |
| Child Protection Register | Click here to enter text. | School Refuser | Click here to enter text. |
| Looked after Child | Click here to enter text. | Traveller | Click here to enter text. |
| If so by which authority | Click here to enter text. | Asylum seeker | Click here to enter text. |
| Free School Meals | Click here to enter text. | CSE Risk | Click here to enter text. |
| Pupil Premium | Click here to enter text. | EWO referral made (Date) | Click here to enter text. |

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| **Parent/ Carer with parental responsibility** |
| Name of Parent/ Carer | Click here to enter text. |
| Relationship to the child | Click here to enter text. |
| Address | Click here to enter text. |
| Telephone number / Email | Click here to enter text. |

**Part 2 Contact details for all professionals involved (capture education, health, social care, voluntary etc.):**

|  |  |  |  |
| --- | --- | --- | --- |
| Role/Designation | Name | Contact Details  | Last involvement / advice given date |
| Headteacher and agreement date |  |  |  |
| Key contact/s at school (pastoral) |  |  |  |
| Key contact/s at school (academic) |  |  |  |
| Key worker assigned at Aspire OutReach |  |  |  |
| Educational Psychologist |  |  |  |
| EHC Assigned Worker  |  |  |  |
| Social Worker/ Early Help Worker |  |  |  |
| CAMHS  |  |  |  |
| Youth Offending Worker |  |  |  |
| Counsellor |  |  |  |
| Other voluntary organisations |  |  |  |
| Others not listed above |  |  |  |

**Part 3a Relevant observations, assessment and progress information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| e.g. NC attainment, P levels; or standardised tests such as literacy / numeracy & test used | Date Assessed | Date Assessed | Date Assessed | Date Assessed |
| Age when assessed | Age when assessed | Age when assessed | Age when assessed |
| Level Attained / Age Equiv./Standardised Score | Level Attained / Age Equiv./Standardised Score | Progress | Level Attained / Age Equiv./Standardised Score | Progress | Level Attained / Age Equiv./Standardised Score | Progress |
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| Is pupil on a f/t timetable? | Commentary: parental agreement, duration, etc. | attendance rate: | Commentary: changes over time? |
|  |  |  |  |
| Based on available information / assessments and evidence of development, identify:1. What’s working well? *(strengths)*
 |
|  |
| 1. What needs support to change? *(challenges / needs)*
 |
|  |
| **3b**  Attach a copy of the most recent timetable | Timetable attached  | Yes | No |

**3b Most recent timetable for pupil, please update when timetable changes:**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **AM** | **PM** | **Notes** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

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| **Current Interventions in School** | **Frequency** | **Progression** |
|  |  |  |
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**Part 4 From Presenting School (completed before initial observation meeting): One Page Profile for Practitioner’s information**

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| --- | --- | --- | --- |
| **Pupil Name:**  | Yr Group:  | Category of SEN:  | Author:  |

|  |  |  |
| --- | --- | --- |
| Latest Reading Age/date:  | SEN Support Date Commenced:  | Last Updated:  |

|  |  |  |
| --- | --- | --- |
| Strengths/Capabilities | Triggers | Recommended Teaching/Support Strategies |
| Difficulties |
| Schools Overview for desired outcome for pupil (e.g- another mainstream schools/ Specialist provision etc. Using professional opinion based on knowledge of the child) |
| Agreed Priorities for pupil: •  | SMART Targets related to priorities | Review date |

**Part 5 Risk Assessment**

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| --- | --- | --- | --- | --- | --- | --- |
| **Risk Assessment**Presenting behaviour | Hazard(potential for harm)1 rare,2 occasional3 frequent4 persistent | Probability(likelihood of harm)1 impossible2 possible3 probably4 likely | Level of Risk(level of hazard x probability = the level of risk score1= low16= high) | Frequency(potential for harm)1 rare2 occasional3 frequent4 persistent | IntentionD deliberateA accidentalI involuntary | Is this your opinion or is it known to you?K knownO opinion |
| Self-harm |  |  |  |  |  |  |
| Bullying |  |  |  |  |  |  |
| Violent/aggressive behaviour |  |  |  |  |  |  |
| Impulsive/dangerous behaviour |  |  |  |  |  |  |
| Substance/alcohol misuse |  |  |  |  |  |  |
| Offensive on the basis of race/gender/religion/disability |  |  |  |  |  |  |
| Absconding |  |  |  |  |  |  |
| Damage to property |  |  |  |  |  |  |
| Offending |  |  |  |  |  |  |
| Sexually abusing/ inappropriate behaviour |  |  |  |  |  |  |
| Carrying/using a weapon |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| What are the times greatest risk- eg, have any flash points been identified; |
|  |
| Actions required to control/ minimise risk |
|  |

**Part 6** ‘**All about me’:**

This section requires input from parent/carers and the child during an initial visit or introduction (If necessary, facilitated by an identified person known to the parent/carer). Itwill help promote a ‘Tell it Once’ approach; identifying information about strengths and the challenges that need to be addressed to better support educational outcomes.

Highlight comments to separate and make clear whose words these are – pupil or parent. This section can be differentiated to meet the needs of pupils- alternate versions should be added.

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| **To be filled in during initial visit / introduction to interventions co-produced with parent and child views.****What people like and admire about me…****What's important to me now….and in the future****Who is important to me – family, friends, support etc****What does a good day / bad day look like?****What is working; what is not** **How best to support me**Describe the support you need...  |



**Part 7 Outcomes** This part of the plan should be reviewed and updated at least three times annually, but it may require more frequent reviews depending on response to interventions and progress made. Just update and append pages as required.

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| --- | --- | --- | --- | --- |
| Child’s Name:  | DoB: | Year Group: | Start date: | Review due date: |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Agreed outcomes** | **What will we do?****Include allocated resources or attach Individual provision map**  | **Who will?** | **By when?** | **What will success look like?** **Can the difference made be recorded?** |
| Outcome 1. |  |  |  |  |
| Outcome 2. |  |  |  |  |
| Outcome 3. |  |  |  |  |

**Part 8 Review (This will be done in conjunction with the 6 week interim report provided by the SEMH Specialist)**

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| --- | --- | --- | --- | --- |
| Child’s Name:  | DoB: | Year Group: | Start date: | Review due date: |
|  |  |  |  |  |

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| --- | --- |
| **No. of Outcome** | **Progress towards Outcomes** |
| Outcome 1. |  |
| Outcome 2. |  |
| Outcome 3. |  |

**Part 9 One Page Profile – TO BE COMPLETED BY ASPIRE OUTREACH WORKER FOLLOWING INTERVENTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Name:**  | Yr Group:  | Category of SEN:  | Author:  |

|  |  |  |
| --- | --- | --- |
| Latest Reading Age/date:  | SEN Support Date Commenced:  | Last Updated:  |

|  |  |  |
| --- | --- | --- |
| Strengths/Capabilities | Triggers | Recommended Teaching/Support Strategies(identify who this has been communicated to) |
| Difficulties |
| Schools Overview for desired outcome for pupil (e.g- support with developing need impacting on learning. Using professional opinion based on knowledge of the child) |
| Agreed Priorities for pupil: •  | SMART Targets related to priorities (linked to SEMH Assessments) | Review date |