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| **Type of referral** |
| **[ ]**  | **Intervention** |
| **[ ]**  | **Medical** |

 **OSWALDTWISTLE SCHOOL**

 **Request for Intervention/ Medical Placement**

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| **Date of Request:**  | **ULN no**  |
| **UPN no** |
| http://web.anmftas.org.au/wp-content/uploads/2014/11/Important-Graphic.jpg **CTF to be transferred ASAP**. |  |
| **Name:**  | **Date of Birth:**  | **Year Group**  |
| **School Name:**      | **Contact Person @ School and designation:**            |
| **Parent/Carer Name:**      **Contact Number:**      | **Home Address:****Street** **Town** Postcode       |
| **What are the presenting issues which have led to this referral?**

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| **What support / strategies have been tried?** |
| **Name of person at the M/S school who is authorising this referral and agreeing to pay for the intervention place and any taxi charges incurred.** |

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| **Medical factors, learning difficulties, SEN/ EHCP** **Does the student have a Statement of SEN Yes** **[ ]  No** **[ ]**  |
| **Other Agency Involvement :** **Please inform OSSS separately if there is a safeguarding/CP issue.****Is the student a Looked After Child? Yes** **[ ]  No** **[ ]**  |
| **Is the Parent / Carer aware and supportive of the referral?**  **Yes** **[ ]  No** **[ ]**  |
| **Please return completed form together with information requested in checklist overleaf to:** | **Julie Walker julie.walker@oswaldtwistle.org****Oswaldtwistle School, Union Rd, Oswaldtwistle****BB5 3DA 01254231553 fax 01254879544****Mob 07887831359** |

Please attach the below listed information with the referral.

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| **Information to include with referral** |  **Tick if included** |
| Safeguarding/CP information (Please make OSSS aware of existence of CP file but do not include on referral form) | [ ]  |
|  CAF to be completed in all cases. | [ ]  |
|  Evaluated Individual Educational Plans (IEPs) | [ ]  |
|  Pastoral Support Plan (if in place) | [ ]  |
|  Personal Education Plan and review forms if appropriate (CLA) | [ ]  |
| **PRIORITY** – SATs, CATs Teacher assessed levels in English Maths Science attainment in each subject  | [ ]  |
|  Attendance Information (SIMS registration certificate)  | [ ]  |
|  Educational psychologist consultation report indicating strategies | [ ]  |
|  Behaviour Incident Log | [ ]  |
|  Previous Fixed Term Exclusions | [ ]  |
|  SEN review documents | [ ]  |
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| Predicted GCSE grades / FFT target grades and latest progress report |  |

 | [ ]  |

* Intervention places will be for a period of 7 weeks only.

 (1 week Induction and 6 weeks Intervention)

* A member of staff from the M/S school must attend the Admissions meeting and the Exit meeting after 6 weeks duration.
* Submission of this form does not guarantee a place.