** OSWALDTWISTLE SCHOOL**

**Request for Intervention Placement**

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| **Type of referral** | |
|  | **Intervention** |

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| http://web.anmftas.org.au/wp-content/uploads/2014/11/Important-Graphic.jpg**Date of Request:** | | **ULN no** | | |
| **UPN no** | | |
|  | | **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?**     |  | | --- | | **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.** | | | | | |
| **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:** | **Amanda Corns / Sandra McKenna** [**amanda.corns@oswaldtwistle.org**](mailto:amanda.corns@oswaldtwistle.org) **/** [**sandra.mckenna@oswaldtwistle.org**](mailto:sandra.mckenna@oswaldtwistle.org)  **Oswaldtwistle School, Union Rd, Oswaldtwistle**  **BB5 3DA 01254 231553**  **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 |  |
| |  |  | | --- | --- | | 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.