

Metamorphosis Pilot Project

Check List for Referring Schools

Pupil Name _____

Referring School _____

| | |
|---|--|
| Risk Assessment | |
| ISP | |
| EHCP (If pupil has one) | |
| Pupil Impact Tracker | |
| Staged Model Assessment | |
| Designated Safeguarding Lead | |
| Identified Contact Person | |
| Negotiated Visits | |
| Receipt of Project Intent and Expectations | |
| Other: | |

| | |
|------------------------|----------------------------|
| Date completed: | Person completing : |
| | |