

SEND Assessment & Review Team – Request for Education Placement Discussion

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| ***This form should be completed when a school considers that the educational placement for a pupil with an EHC plan may be vulnerable*** |

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| ***Does this contact relate to:*** *(please tick)*   |  |  | | --- | --- | | ***Request for placement support*** |  | | ***Placement vulnerable*** |  | | ***Fixed term exclusion or Possible permanent exclusion*** |  | |
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| **Date of Contact:** |  | | | | | | | |
| **Contact Made by:** |  | | | | | | | |
| **Designated role:** |  | | | | | | | |
| **Contact Details**  **Phone:** |  | | | | | | | |
| **Availability for telephone conversation** |  | | | | | | | |
| **Email:** |  | | | | | | | |
| **Child’s full name:** |  | | | **Date of Birth:** | | |  | |
| **Child’s address:** |  | | | | | | | |
| **Current Education**  **Placement:** |  | | | | | | | |
| **Year Group:** |  | | | | | | | |
| **Is this a Hull City school?** | **YES** |  | | | **NO** | | |  |
| **If on school roll but accessing Alternative Provision (AP) provide details** |  | | | | | | | |
| **Are there any Safeguarding concerns?** | **YES** |  | | | **NO** | | |  |
| **If Yes are these impacting upon the education placement & if so how?** |  | | | | | | | |
| **What is the child’s Legal Status?** | **CLA** | | **CIN** | | | **Child Protection** | | |
| **Has the parent and child been made aware of your concerns?** | **Child** | | | | **Parent/carer** | | | |
| **Yes** | **No** | | | **Yes** | | | **No** |
| **Summary of current concerns re. education placement** *(to include both school and parent views)*  *Include information as follows: brief history & current concerns/incidents* | | | | | | | | |
| **Schools Views** | | | | | | | | |
| **Parents Views** | | | | | | | | |
| **Young person’s Views** | | | | | | | | |

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| **What current level of SEN support is in place and what is current EHC Plan banding level *(please include timeframes)*** |
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| **If contact has been made with support services, what support and interventions have been offered/provided in an attempt to stabilise the educational placement? *(please summarise)*** |
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| **Have plans been made/steps taken to reintegrate the CYP back into school – if not, why?**  ***(please give detail of steps taken)*** | | | |
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| **ACTION** | | | |
| **Is an *early EHC Review* planned** | | **YES** | **NO** |
| **If yes to the above - Date and Time** |  | | |

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| **List of who *has been* invited by *school* *EHC Review (if organised)*** | |
| **Name** | **Contact** |
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Please email this completed form to SEND Assessment & Review Team via the following email address:

SEND [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)

To report the possibility of permanent exclusion please email to SEND Management [SEND.Management@hullcc.gov.uk](mailto:SEND.Management@hullcc.gov.uk)

Please title the email as **ACTION required** - Request **for Educational Placement Support Discussion**

Please ensure the email is sent encrypted or password protected to ensure compliance with GDPR.

**THANKYOU for taking the time to complete this form. This information will enable the SEND Assessment & Review Team to consider the appropriate next steps to be taken**

***OFFICE USE ONLY***

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| **SEND Officer/Case worker** |  | **Date:** |  |
| Comments/Additional Information: | | | |
| **SEND Team Manager:** |  | **Date:** |  |
| Comments: | | | |