**Appendix 4 – FAP Referral Form**

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| --- | --- | --- | --- | --- | --- | --- |
| **Primary Fair Access Panel**  **Request for Additional Support**  **2021** | | | | | | |
| **First name** | **Surname** | **Year group/**  **DOB:** | **SEND status** | **CIC** | **On roll** | |
|  |  | **Y** | **N/SS/EHCNA/EHCP**  (Please circle)  **Date of last Annual Review:** | **Y/N** | **Current School**:  Current Modified timetable: **Yes/No**  When was MTT last modified:  Alternative Provision: **Yes/No**  Details: | |
| **Ethnicity:**  **EAL: Yes/No** | | **Gender:** | | **PPG: Yes/No**  **FSM: Yes/No** | | |
| **Headteacher:**  **Contact Number:**  **Member of SLT Presenting at FAP**: | | | | | | |
| **Person(s) with parental responsibility**  **(Parent/Carer’s Names)** | | 1. | | | | 2. |
| **Relationship to Pupil:** | |  | | | |  |
| **Child’s Home Address** | |  | | | |  |
| **Main contact number:** | |  | | | |  |

|  |  |
| --- | --- |
| **Educational History**  Current school:  Previous schools:  Any other provision: | Dates:  Dates:  Dates: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance and Exclusions** | | | |
| Attendance Current  Year %: | Attendance Previous  Year %: | Previous EHE  Y/N | Previously permanently excluded- if so from which school: |
| FT Exclusions this Academic year (Occasions): | FT Exclusions this Academic Year (Days): | FT Exclusions last Academic year (Occasions): | FT Exclusion last Academic Year (Days): |

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| **Prior Attainment (Delete as appropriate)**  **KEY**   |  |  | | --- | --- | | BLW | Working Below National Curriculum Standards | | WTS | Working Towards the Expected Standard | | EXS | Working at the Expected Standard | | GDS | Working at a Greater Depth Within the Expected Standard |  |  |  |  |  | | --- | --- | --- | --- | | **Phonics** | **Working Below/At** | | | | **Key Stage** | **Reading** | **Writing** | **Maths** | | **Key Stage 1** | BLW WTS EXS GDS | BLW WTS EXS GDS | BLW WTS EXS GDS | | **Key Stage 2** | BLW WTS EXS GDS | BLW WTS EXS GDS | BLW WTS EXS GDS | | **Current attainment based on age related expectations** | BLW WTS EXS GDS | BLW WTS EXS GDS | BLW WTS EXS GDS | | |
| **Early Help Assessment**  Is this child open to the Early Help process **Y/N** | Most recent Planning meeting date:    Lead Professional: |
| Date first Early Help Assessment : | **Agencies currently involved in Early Help Plan:**  Name of Family Solutions worker:  Name of strengthening Families worker:  Other: |
| Updated EHA Date: |

**Behaviours Displayed**

|  |  |
| --- | --- |
| **What behaviours are causing concern? In rank order.**  Behaviour | Frequency and severity (per lesson / day/ week) |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

|  |
| --- |
| **What are the positive aspects/achievements of this pupil?** |

**Educational and Non Educational Strategies, Interventions and Agencies (refer to FAP Protocol)**

|  |  |  |
| --- | --- | --- |
| **Universal Entitlement** | | |
| **Name/Description of Strategy** | **Date Strategy employed** | **Impact of Strategy** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Targeted Response** | | |
| **Name/Description of Strategy** | **Date Strategy employed** | **Impact of Strategy** |
|  |  |  |
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| --- | --- | --- |
| **Additional Support** | | |
| **Name/Description of Strategy** | **Date Strategy employed** | **Impact of Strategy** |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- | --- | --- |
| **Nurture Principles** | | |
| **Name/Description of Strategy** | **Date Strategy employed** | **Impact of Strategy** |
|  |  |  |
|  |  |  |
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| --- | --- | --- |
| **Professional Involvement** | | |
| **Name/Description of Strategy** | **Date Strategy employed** | **Impact of Strategy** |
|  |  |  |
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| --- | --- | --- |
| **Alternative Provision** | | |
| **Name/Description of Strategy** | **Date Strategy employed** | **Impact of Strategy** |
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| RISK ASSESSMENT | | | | | |
|  | No  Risk | Small Risk | Medium Risk | High Risk | Notes (If Medium or higher) |
| Persistent defiance |  |  |  |  |  |
| Persistent refusal to follow reasonable instructions |  |  |  |  |  |
| Inappropriate comments towards staff |  |  |  |  |  |
| Threatening behaviour towards staff |  |  |  |  |  |
| Threatening behaviour towards peers |  |  |  |  |  |
| Physical aggression towards peers |  |  |  |  |  |
| Physical aggression towards adults |  |  |  |  |  |
| Verbal aggression towards peers |  |  |  |  |  |
| Verbal aggression towards adults |  |  |  |  |  |
| Substance misuse |  |  |  |  |  |
| Alcohol Misuse |  |  |  |  |  |
| Absconding |  |  |  |  |  |
| Truancy |  |  |  |  |  |
| Damage to property |  |  |  |  |  |
| Arson |  |  |  |  |  |
| Bullying peers - verbal |  |  |  |  |  |
| Bulling peers - physical |  |  |  |  |  |
| Sexually inappropriate behaviour towards others |  |  |  |  |  |
| Theft |  |  |  |  |  |
| Dangerous behaviour in the environment |  |  |  |  |  |
| Possession of a weapon/tool that can be used as weapon |  |  |  |  |  |
| Has exhibited racist behaviour |  |  |  |  |  |
| Unpredictable behaviour |  |  |  |  |  |
| Irrational Behaviour |  |  |  |  |  |
| Physical Intervention required |  |  |  |  |  |
| At risk of Child Criminal Exploitation |  |  |  |  |  |

|  |
| --- |
| What view of the situation has the pupil expressed?  Pupils own voice? |

|  |
| --- |
| What provision, opportunities and strategies would be needed to enable him/her to successfully integrate into mainstream school?  1  2  3 |
| Please add any other information that may be useful?  If appropriate please refer to and quote from relevant reports, stating the author, agency and date.  **Please do not submit any additional documents** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What additional support is the school requesting [Please tick one box]**   |  |  |  | | --- | --- | --- | |  | Intervention at The Linden Centre or Kickstart for an assessment and intervention programme then a supported reintegration to their own school |  | |  | A Formal Managed Move to a new school |  | |

Thank you for taking the time to complete this form. The information you have provided will help us to define the issues and plan a programme of intervention.

Finally, please indicate the contributors to this document below

Contributor Position

1.

2.

3.

Headteachers’s Signature:……………………………………………………………………………….. Date completed:…………............................

**PARENT / CARERS CONSENT FORM**

**A. PUPIL DETAILS:**

|  |  |
| --- | --- |
| **Name of School** |  |
| **School staff member completing form with parent** |  |
| **Name of Pupil** |  |
| PaD **Date of birth/Year group** |  |
| **Parent/carers name:** |  |
| **Parents carer’s address:** |  |
| **Parents carers home telephone number:** |  |
| **Parents carers mobile number:** |  |

**B. OPTIONS AVAILABLE TO SCHOOL AND PARENTS / CARERS – PLEASE TICK ONE BOX:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | Intervention at The Linden Centre or Kickstart for an assessment and intervention programme then a supported reintegration to their own school |  | |  | A Formal Managed Move to a new school |  | |

**Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)**

Telford & Wrekin Council are collecting Personal Identifiable Information to enable us to provide you with support through Fair Access Panel process. We need to collect this information in order to ensure that the most appropriate educational placement is identified and/or the most appropriate support is identified for your child. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1)A).

A formal copy of the Fair Access Panel feedback form can be requested and provided via the school. Members of the Fair Access Panel may need to update on the progress of your child’s education, by signing this form, you understand and consent to these updates taking place.

If there are any changes in your circumstances such as provision or family circumstances, the Fair Access Panel will require a new signature from parents/carers.

Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information with be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools, and Early Years providers) solely for the purpose of providing you with an educational place or educational support.   For further details on the council’s privacy arrangements please view the privacy page on the council’s [website page](http://www.telford.gov.uk/terms).

**C. IF A MANAGED MOVE HAS BEEN REQUESTED; MY / OUR PREFERENCES FOR ALTERNATIVE SCHOOLS ARE:**

1. ………………………………………………………………………….

2. ……………………………………………………………………….…

3. …………………………………………………………………….……

If you apply for a school, which is some distance from your home address, the transport arrangements will normally be the family’s responsibility.

**Parental views/comments**

**Signed: ……………………………………………………………………………….………………Parent / Carer Date: ……………………………………..**