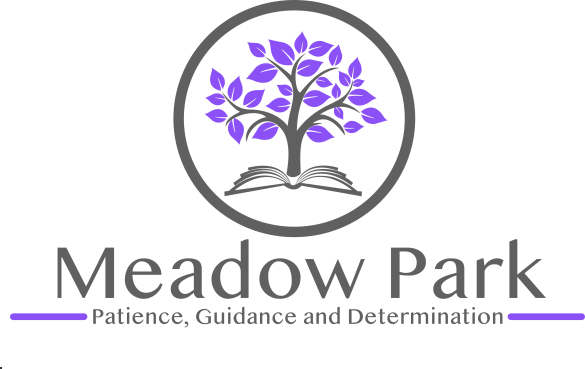
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**Meadow Park Commissioned Placement Request Form**

All sections of the form must be completed providing as much information as possible to aid the process and ensure the school are fully informed and able to reach a decision in the best interests of the pupil. Missing information will delay or prevent the application from being processed.

A Commissioned Placement at Meadow Park School is chargeable at £57.50 per term day. An additional 1:1 Teaching Assistant is chargeable at £119 per day if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Stage** (please highlight which programme you are applying for) | | | |
| **KS1** | **KS2** | **KS3** | **KS4** |

**Pupil’s Personal Details**

|  |  |  |
| --- | --- | --- |
| Unique Pupil Number |  | |
| Full Name |  | |
| Year Group |  | |
| Date of Birth |  | |
| Gender | **Male** | **Female** |
| Address |  | |
| Postcode |  | |
| Primary Spoken Language |  | |
| Ethnicity |  | |
| Religion/Belief |  | |
| Pupil is a Child Looked After | **Yes** | **No** |
| Pupil is on a Child Protection Plan | **Yes** | **No** |
| Entitled to Free School Meal | **Yes** | **No** |

**Referring School Information**

|  |  |
| --- | --- |
| School name |  |
| Named key link Staff Member |  |
| Telephone Number |  |
| Email Address |  |

**Referral Process**

|  |  |  |
| --- | --- | --- |
| Application form submitted by |  | |
| Meeting at Meadow Park School with a representative from referring school, pupil, and parent |  | |
| Induction completed? | Yes | No |
| Start date confirmed? | Yes | No |
| If yes, insert start date: |  | |
| Home School informed? | Yes | No |
| Transport organised? | Yes | No |
| Service Level Agreement signed? | Yes | No |

**Educational Information**

|  |  |  |
| --- | --- | --- |
| **Type** | **Name of School** | **Dates** |
| Previous Primary School/s |  |  |
|  |  |
|  |  |
| Previous Secondary School/s |  |  |
|  |  |
|  |  |
| Off-site/alternative providers |  |  |
|  |  |
|  |  |

**Parent or Carer Details**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Postcode |  |
| Primary Spoken Language |  |

**Sibling Information (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Name** | **School Year** | **Name of School** |
|  |  |  |
|  |  |  |
|  |  |  |

**Pupil Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Profile** | | | |
| **Subject** | **Current National Curriculum Level** | **Does pupil engage well?** | |
| English |  | **Yes** | **No** |
| Maths |  | **Yes** | **No** |
| Science |  | **Yes** | **No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attendance** | | | | |
| **School Year** | | **% Attendance** | **% Authorised Absence** | **% Unauthorised Absence** |
| Current School Year | 20 /20 |  |  |  |
| Previous School Year | 20 /20 |  |  |  |

|  |
| --- |
| **Placement**  (Please specify the benefits you feel would be gained for this intervention) |
|  |

|  |
| --- |
| **What specifically has led to this referral?**  (Please provide as much detail as possible) |
|  |

|  |
| --- |
| **Description of pupil’s needs** |
|  |

|  |
| --- |
| **Any areas of concern** |
|  |

**Areas for Personal Development**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick the 2 areas most in need of development:** | | | | | |
| Controlling emotions |  | Improving communication |  | Anger Management |  |
| Making wise choices |  | Setting goals |  | Personal insight |  |
| Taking responsibility |  | Improving self esteem |  | Assertiveness |  |
| Stress management |  | Developing empathy |  | Problem Solving |  |
| Awareness of feelings |  | Self-assurance |  | Self-regulation |  |
| Authority |  | Accountability |  | Flexibility |  |
| Self-motivation |  | Others (please state) | | | |

|  |  |
| --- | --- |
| **Elaborate on what specifically within these areas the pupil needs support with:** | |
| **1** |  |
| **2** |  |

|  |
| --- |
| **Pupil’s Strengths and Interests (incl. curriculum strengths and interests)** |
|  |

|  |
| --- |
| **Strategies that have worked** |
|  |

|  |
| --- |
| **SEND profile**  *Does the pupil have any additional learning support needs/identified SEND needs?* |
|  |

|  |
| --- |
| **Risk factors** |
|  |

**School Consultation with Parent/Carer and Pupil**

|  |
| --- |
| **Parent/Carer views on placement**  *This should include their aspirations, interests and understanding and views of the alternative educational provision.* |
|  |

|  |
| --- |
| **Pupil’s views on placement**  *This should include their aspirations, interests and understanding and views of the alternative educational provision.* |
|  |

|  |
| --- |
| **Targets**  *This should include two targets set by the pupil and teacher.* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatures** | | | |
| **School Key Link Staff Member** |  | **Date** |  |
| **Parent** |  | **Date** |  |
| **Pupil** |  | **Date** |  |

**Multi-Agency Profile**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency** | **Practitioner** | **Involvement** | | **Report** | **Brief description of intervention\*** |
| **Past 12 months** | **Current** |
| Children’s Social Care |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| CAMHS |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Educational Psychologist |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Family First |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Fire Service |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| School Nurse |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Other Services |  | **Yes/No** | **Yes/No** | **Yes/No** |  |

\*all available reports relating to the intervention must be attached

**Agreement to share information**

|  |  |  |  |
| --- | --- | --- | --- |
| * I/We understand that the information I/we give will be used to get the services to help me and my family. * I/We understand that the information I/we have provided may be shared only where it is necessary, and the law allows it. The information may be shared with other teams and services. * I/We understand that under no circumstances will you share my/our personal information with third parties for commercial purposes. * I/We understand that information that I/we give is kept safe, secure, and treated confidentially. * I/We understand that my information will only be shared without my/our permission to protect children or vulnerable adults from harm; or to aid the prevention and detection of crime. | | | |
| **Parent/Carer** |  | **Date** |  |
| **Pupil** |  | **Date** |  |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Key Link Staff Member** |  | **Date** |  |
| **Headteacher** |  | **Date** |  |

**This form, once completed, should be hand delivered or securely emailed to:**

Meadow Park School, Haswell Drive, Stockbridge Village, Merseyside, L28 1RX

Tel: 0151 477 8100 Email: [meadowpark@knowsley.gov.uk](mailto:meadowpark@knowsley.gov.uk)