**SEND & INCLUSION HUB:**

**SCHOOL REQUEST FOR ADVICE / SUPPORT**

**Parental Consent and Supporting Information**

Parental consent must be obtained before completion of this request form and requestor should provide parent / carer with a copy of the parent / carer consent and privacy policy, or signpost to the EAPDR web page.

|  |  |
| --- | --- |
| **Parental consent obtained on**  | **dd/mm/yy** |

**Please click on the following link which will take you to the EAPDR web page containing the privacy notice details.**

[**https://www.staffordshire.gov.uk/Education/SpecialEducationalNeeds/Enhanced-assess-plan-do-review-parental-consent.aspx**](https://www.staffordshire.gov.uk/Education/SpecialEducationalNeeds/Enhanced-assess-plan-do-review-parental-consent.aspx)

**S&I Hub Request: Internal use only:**

**Blue = Original Hub Request**

**Yellow = Commissioned Family Support (If required)**

**Grey = Hub Discussions and Decisions**

**Green = EAPDR Request**

**Orange = EAPDR Process**

**NB: To jump to any of the above sections, press Ctrl + G, select bookmark and the colour of your choice, then select Go To**

|  |  |  |  |  |
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| **Please tick appropriate District of School** | Cannock |[ ]  East Staffs |[ ]  Lichfield |[ ]  Moorlands |[ ]
|  | Newcastle  |[ ]  South Staffs  |[ ]  Stafford  |[ ]  Tamworth |[ ]
| **Name of Hub** |  |
| **Date of request:** |  |

|  |  |
| --- | --- |
| **School:** |  |
| **DFE Number:** |  |
| **Name of SENCo** |  |
| **Contact details of SENCo / School** | **Tel:****Email:** |
| **Child / Young Person full Name:****Preferred name:** |  | **Gender:** |  |
| **Ethnicity:** |  |
| **UPN:** |  |
| **D.O.B:** |  | **NCY:** |  |
| **Address:** |  | **NHS Number:** |  |
| **Parent / Carer 1 Name:** |  |
| **Address (If different from CYP)** |  | **First language preference:** |  |
| **Communication Needs / Preferences (BSL / Braille etc):** |  |
| **Phone Number:** |  |
| **Parent / Carer Email:** |  |
| **Parent / Carer 2 Name:** |  |
| **Address (If different from CYP)** |  | **First language Preference:** |  |
| **Communication Needs / Preferences (BSL / Braille etc):** |  |
| **Phone Number:** |  |
| **Parent / Carer Email:** |  |
| **If you consider the family to require further support outside of the S&I Hub, please click here:** | [**https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=rtgbpYg0iDk&localofferchannel=1-6-1**](https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=rtgbpYg0iDk&localofferchannel=1-6-1) |
| **G1****Any capacity issues for child / young person:** |  |
| **G2:****Further Information:** |

|  |  |
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| **Is the child currently in care?** |  |
| **If yes to above, to which LA?** |  |
| **Child in Need** |  |
| **Child Protection Plan** |  |
| **Armed Forces Family** |  |
| **Gypsy Roma Traveller** |  |

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| **Social worker details (where applicable):** |  |
| **GP Details (Name and Surgery):** |  |
| **G3:****Other known agencies involved – please include contact details** |

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Contact Details** |
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| **Primary Need****(Please tick only one – additional needs can be included into free text comments)** | Autism Spectrum Disorder |[ ]  Profound and Multiple Learning Difficulty |[ ]
|  | Hearing Impairment |[ ]  Severe Learning Difficulty |[ ]
|  | Medical Needs (Please Complete Main Medical Needs Below) |[ ]  Social, Emotional and Mental Health | [ ]  |
|  | Moderate Learning Difficulty |[ ]  Specific Learning Difficulty |[ ]
|  | Multi-Sensory Impairment |[ ]  Speech, Language and Communication needs |[ ]
|  | Physical Disability |[ ]  Vision Impairment |[ ]
|  **Main Medical Need****(Please tick only one – additional needs can be included into free text comments)** | Breathing | ☐ | Communication |[ ]
|  | Eating/Drinking | ☐ | Drug Therapies and Medication |[ ]
|  | Mobility | ☐ | Psychological and Emotional Needs |[ ]
|  | Continence or Elimination | ☐ | Seizures |[ ]
|  | Skin and Tissue Viability | ☐ | Challenging Behaviours (LD Related) | [ ]  |
|  |  |  | Other – please state in free text comments box(es)  | [ ]  |

**School Assessment of Need and Provision**

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| **Please provide a summary of concerns including the daily lived experiences of this C/YP and / or family, and how it impacts on their education / home life** |
|  |

**Has there been previous hub involvement? YES/NO Date of hub:**

|  |
| --- |
| **Please record recommendations and outcomes of hub involvement** |
| **FOR EAPDR REFERRALS, BUSINESS SUPPORT TO RECORD HUB ACTIONS ON THIS PART OF THE FORM:** |

|  |  |
| --- | --- |
| **G4: Please give details of how the inclusion of children and young people with SEND** **is prioritised within your school** |  |

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| **G5: What specific strategies do you already employ? APDR Background:** **“The Story So Far”****Please explain how a graduated approach is being implemented.** |
|  |

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| **Number of cycles of APDR if applicable:** |  |
| **Pastoral / Behavioural Support Plan in place?** |  |
| **Details of any managed moves if applicable** **(Number and destination schools)** |  |
| **Number of Previous suspensions / exclusions, with dates, if applicable:** |  |
| **What are the desired outcomes linked to the child’s / young person’s special education needs?** | **1.** |
| **2.** |
| **3.** |
| **4.** |
| **Additional Comments** |  |

**Record of HUB discussions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hub discussion (to be completed by Hub admin)** | **Date** | **Key Issues** | **Action** |
|  |  |  |
| **School actions (to be completed by school)** | **Date** | **Implementation** | **Review** |
|  |  |  |

**Repeated for all the subsequent discussions…**

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| --- | --- |
| **S&I Hub recommendation to refer to EAPDR Panel for consideration?** | **Yes / No** |
| **If NO: Give details as to why decision was made, and how the child’s needs could be met.** |  |
| **If YES: School to submit request within 5 working days of recommendation** |  |
| **Date of Recommendation:** |  |

**EAPDR Request Form**

**This form is used as an addition to the above S&I Hub Request Form, where the Enhanced APDR provision is being requested by an educational setting.**

**Disclaimer: This is a PRE-STATUTORY process, and therefore no appeals process is in place.**

**It is broken down into colour coded sections:**

**Green = EAPDR Request**

**Orange = EAPDR Process**

|  |  |
| --- | --- |
| **Child, Young Person Voice:****‘All about me’** | Things that are important to me:What is working well at home and school:Other information that is important to know about me:Important things to know about my past:Things that I enjoy doing:How to communicate with me:My hopes, dreams and aspirations for the future:Things I would like to change at home and school: |
| **G6: Summary of educational needs and progress seen by educational setting** |  |
| **G7:****Please upload at least 2 APDR documents, current provision map, and any relevant professional reports here:**  |  |
| **Parent / Carer Views and Aspirations**  | Important things to know about our family history:Things that are working well at home and school: Things that are not working well and we would like to change: Our hopes and aspirations for the future:Other information we think is important: |
| **G8: Health needs impacting on SEND.****(If applicable)** | Needs: |
| Outcome: |
| Provision: |
| **G9: Social Care Needs related to SEND (If Applicable)** | Needs: |
| Outcome: |
| Provision: |

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| **G3:****Other agencies requested as part of EAPDR process.** |

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| --- | --- | --- |
| **Name** | **Agency** | **Contact** |
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| **Panel Decision to commence EAPDR?** | **Yes / No** |
| **Extra information to support decision. If a NO decision was made, clarify why decision was made, and how the child’s needs could be met. If you require any further details around this decision, please contact: EAPDR@staffordshire.gov.uk** |  |
| **If YES: School to make arrangements for initial Enhanced Assess and Plan Meeting** |  |
| **Date of Decision:** |  |

|  |  |
| --- | --- |
| **If NO, please state school actions taken to address panel recommendations** |  |

**EAPDR Process**

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| --- | --- |
| **Date of Assess & Planning Meeting** |  |
| **Assess & Plan Meeting Attendees and Role** | **Name** | **Role** |
|  |  |

**G10: Please insert the Staffordshire School SEND and Inclusion Profile here. This will support subsequent meetings in ascertaining what the school will need in place to best meet the needs of the child.**



|  |  |
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| **Staffordshire School SEND and Inclusion Profile** | **(e.g. SEND training completed in last 2 years, Whole School SEND, Virtual School Pathway, EP Literacy Approach, ELSA)** |
| **SEND Action Plan Targets for 2023 / 24** |  |



|  |
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| **Primary Area of Need** |
| **C&I** |  | **C&L** |  | **SEMH** |  | **S&P** |  |

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| **G11****Enhanced Assess:****COMMUNICATION & INTERACTION (C&I):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of C&I Needs: |
| **G12: Enhanced Plan (C&I):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | **Outcomes** | **Rating:****Now Expected** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
|  |
| **G11****Enhanced Assess:****COGNITION & LEARNING (C&L):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | Summary of Professional Advice |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of C&L Needs: |
| **G12: Enhanced Plan (C&L):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | **Outcomes** | **Rating****Now Expected** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **G11****Enhanced Assess:****SOCIAL EMOTIONAL & MENTAL HEALTH (SEMH):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of SEMH Needs: |
| **G12: Enhanced Plan (SEMH):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | **Outcomes** | **Rating****Now Expected** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **G11****Enhanced Assess:****SENSORY & PHYSICAL (S&P):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of S&P Needs: |
| **G12: Enhanced Plan (S&P):****If a second EAPDR Cycle is required, please include both sets of notes into this space** | **Outcomes** | **Rating****Now Expected** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **Proposed provision requested:** | * **Please add your request for provision here**
* **Email this form to** **SEND.commissioning@staffordshire.gov.uk**
 |
| **What is the enhanced provision?** |  |
| **How much provision is required? Hours per week over number of weeks** |  |
| **What is the FULL cost of this provision?** |  |
| **Provision Provided (For Commissioning Use):**  | **Commissioning to fill in this coloured section, and then send this form back to the relevant SENCo***Remember for future form versions, this section needs to reflect SEDIS / Framework, in terms of provision, costs, spaces, timescales etc from September 2024 Go Live* |
| **SEND Commissioning 50% contribution amount.** |  |
| **Reference Number for Payment (EAPDRML01 for example).** |  |
| **Date processed.** |  |
| **Agreed Date of Review Meeting(s):** |  |
| **G13: Enhanced Do:****If a second EAPDR Cycle is required, please include both sets of notes into this space** | **Details of specific interventions (plus date, adult etc)** |
| **Bi-Weekly DO Updates** | Week | RAG Outcome | RAG Engagement | Comments |
| 1 2 |  |  |  |
| 3 4 |  |  |  |
| 5 6 |  |  |  |
| 7 8 |  |  |  |
| 9 10 |  |  |  |
| 11 12 |  |  |  |
| **Date of Review Meeting(s):** |  |
| **Review Meeting Attendees:** | **Name** | **Role** |
|  |  |
| **Enhanced Review****If a second EAPDR Cycle is required, please include both sets of notes into this space** | **Progress Towards Outcome** |
| **Outcomes** | **Rating:****Achieved** | **Comments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Other Review Information:** |

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| **Preparation for Adulthood skills (year 9+):** (Including shopping, preparing meals, housework, managing paperwork and finances and planning and decision-making (for example considering housing options). |
|  |

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| **G14: Decision point here, and next steps. Please tick one option:** |
| **Date** | **Return to SEN Support** |  |
|  | **2nd EAPDR Cycle** |  |
| **Request EHCNA with TAC consensus** |  |
| **Request EHCNA without TAC consensus** |  |

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| **Additional Information from professionals, if required** |
|  |
| **Appendices: Please list the supporting documents that will be sent alongside this One Form (Please do NOT attach within this form)** |
| **Please email your supporting documents, along with this completed form to your relevant District SEND & Inclusion Hub, for example:****SendInclusionCannock@staffordshire.gov.uk****Or your relevant district inbox****List of Supporting Documents:****-** |