

**SECONDARY PLACEMENT PANEL**

**Managed Move**

**Please** ✓**appropriate box complete and send to the email below:**

[IYFA@derby.gov.uk](mailto:IYFA@derby.gov.uk)

You are asked to complete this form when:

Admissions or receiving school have identified a potential concern in line with the protocol.

**Please Complete this Form as Comprehensively as Possible**

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| **Young Person’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Legal Name in Full** | | |  | | | | | | **Date of Birth** | | |  | | | | **Year Group** | | |  | | | | **Gender** | | | M/F | |
| **Ethnic Group** | | |  | | | | | | **First Language** | | |  | | | | **UPN** | | |  | | | | | | | | |
| **Religion** | | |  | | | | | | **UCI** | | |  | | | | | | | | |
| **Current School** | | |  | | | | | | **Previous School** | | |  | | | | **ULN** | | |  | | | | | | | | |
| **Date of Referral** | | | |  | | | | | **Is the student considered to be disabled? If yes, please provide details** | | | | | | | | | | | Yes/No | | | | | | | |
| **GP Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Doctors Surgery** | | | | |  | | | | | | | | | | **GP Name** | |  | | | | | | | | | | |
| **Name of Hospital Consultant (If under the Hospital)** | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Parent/Carer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Parent/Carer Name in Full** | | | | | |  | | | | | | **Relation to Student** | | | |  | | | | | | | | | | | |
| **Second Parent/Carer Name** | | | | | |  | | | | | | **Relation to Student** | | | |  | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | **Telephone** | | | | |  | | | | | | |
| **Mobile** | | | | |  | | | | | | |
| **Email Address** | | | | |  | | | | | | |
| **Any Other Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there any other information you feel would be useful?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Agencies Involved** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Agencies** | | | | | **Contact Name** | | | | | | | | | | | | **Phone Numbers** | | | | | | | | | | |
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| **ALL sections below MUST be completed (Click in box if applicable. If left blank, assumed n/a):** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LAC** | | **Voluntary** | | | | |  | **Child protection**  **SEC 47** | | |  | | **Child in Need SEC 17** | | | |  | **Private Foster** | | | | | |  | **YOS** | |  |
| **Statutory** | | | | |  |
| **If LAC or CP which local authority holds the order:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pupil Premium** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entitled to free school meals.** | | | | | | | | | |  | | | | **Pupil Premium (+).** | | | | | | | |  | | | | | |

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| **Code of Practice – Please refer to Protocol regarding managed moves for SEN pupils.** | | | | | |
| **EHCP/Statement** |  | **Undergoing Assessment** |  | **SEN Support** |  |

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| **SEN Details** | | | | | | | | | | |
| **SENCO/SEN School Contact Name** |  | | | | | **Telephone** | |  | | |
| **Email** |  | | | | | | | | | |
| **Specific SEN** | | **ADHD** | **Asperger’s** | | **ASD** | | **SEMHD** | | **HI** | **MLD** |
| **MSI** | **PD** | | **PMLD** | | **SLD** | | **SpLD** | **Other** |
| **Are there any access arrangements in place i.e., reader, scribe, extra time, prompter, rest breaks, enlarged paper’s etc.** | | | |  | | | | | | |
| **Describe briefly the student’s Special Educational Needs (Attach supplementary information as appendix A – last two IEPs/MEPs, EP reports, copy of interim review if statemented)** | | | |  | | | | | | |
| **Summarise any health and safety concerns that have been raised. (Attach any supplementary information as appendix G).** | | | |  | | | | | | |
| **Does the student have any medical needs / health concerns / physical needs / prescribed medication: (attach any supplementary information as appendix F)** | | | |  | | | | | | |

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| **Safeguarding/Risk Assessment** | | | | | |
| **DSL School Contact Name** |  | | | **Telephone** |  |
| **Email** |  | | | | |
| **Has a pre-EHA or EHA been completed for this student?** | | | YES NO | | |
| **Does this student have a history of violence towards others?**  **If yes, to whom?**  **Please provide brief details.** | | | YES NO  Who:  Details: | | |
| **Does this student pose a significant threat of harm to others?** | | | YES NO | | |
| **Does this student have any history of substance misuse?** | | | YES NO | | |
| **Any other significant event we need to be aware of that may impact on student behaviour.** | |  | | | |

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| **Current Academic Information\*** | | | | |
| **Is the student currently on the school roll and attending mainstream lessons?** | | | | YES/NO |
| **Is the student accessing alternative provision’s e.g. inclusion unit/part time timetable? (number of hours of provision)** | | | | YES/NO |
| **Fixed Term Exclusion Data\*** | | | | |
| **FTE Date** | **FTE Duration** | **Reasons for FTE** | **Reintegration Steps Taken** | |
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\*Where FTX links to a serious incident then please include a Risk Assessment – Attach as an Appendix

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| **Interventions Implemented** | | | |
| **Details of intervention Programmes:** | | | |
| **Programme/Strategy** | **Impact** | **Date/Duration** | **Outcome** |
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| **Subject** | **Exam Board (if appropriate)** | **Specification/ Course** | **Current Grade** |
| **English** |  |  |  |
| **Maths** |  |  |  |
| **Science** |  |  |  |
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| **Alternative/Vocational provision required or already attending – Including details of Accreditation where appropriate** |
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| **What are the Student’s strengths / interest, including activities outside school?** |
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| **Are Parents Aware of the Referral? What are their Views?** |
|  |
| **Is the Pupil Aware of the Referral? What are his/her Views?** |
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| **School to give a brief statement of why you feel this Managed Move could be successful for this student? Only in exceptional circumstances will a student who is red on the At Risk register be considered for a managed move.** |
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| **Attendance** |
| **Provide details of current attendance below: also if possible to include details of past two academic years. Summarise any factors that affect attendance. (Please attach attendance print out/Appendix C).** |
|  |
| **Mental Health** |
| **If there have been concerns about the student’s mental health describe briefly the reasons. Please indicate whether or not a referral has been made to a mental health professional. If information is available – provide a brief summary below and attach any supplementary information as appendix D).** |
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| **Social / Home Circumstances** |
| **If there have been concerns or information about the student’s social circumstances please describe these briefly below. In particular, comment on any information provided by Social Services, EWS etc. Are there any child protection issues? (Attach any supplementary information, including parent contracts / orders as appendix E).** |
|  |
| **Any family circumstances we should be aware of.** |
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| **Health and Safety** |
| **Summarise any health and safety concerns that have been raised. (Attach any supplementary information as appendix G).** |
|  |

**Further information**

The following information will be used to assist in making decisions regarding the most appropriate next steps for this student.

1. **Within the school setting**

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| **Copes well difficulty coping (please tick** ✓**)** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **Whole class settings** |  |  |  |  |  |
| **Small group settings** |  |  |  |  |  |
| **One to one basis** |  |  |  |  |  |
| **On corridors / general movement around building** |  |  |  |  |  |
| **Lunch / break times** |  |  |  |  |  |
| **Before and after school** |  |  |  |  |  |

1. **Other indicators of risk**

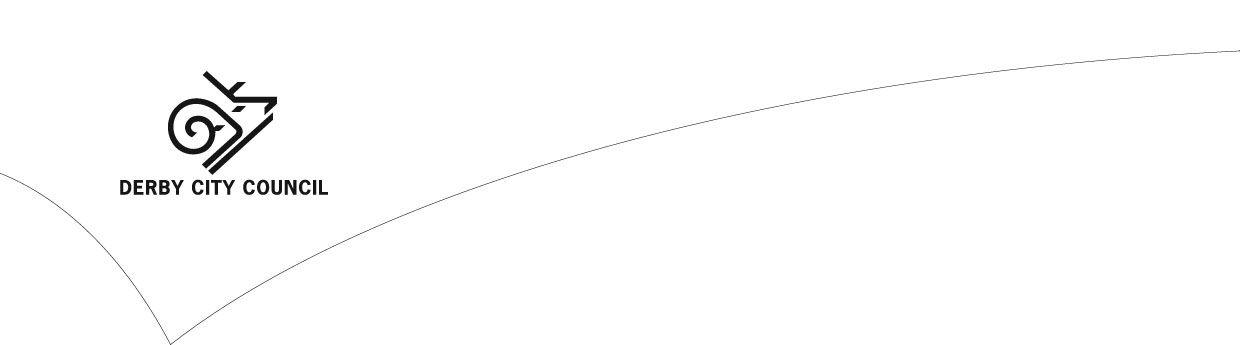
Please indicate whether any of the following apply to the student (please tick✓)

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| --- | --- | --- | --- |
|  | **Never** | **Occasionally** | **Frequently** |
| **Gives in easily to pressure from others** |  |  |  |
| **Has poor control of temper** |  |  |  |
| **Challenges authority** |  |  |  |
| **Has caused damage to property** |  |  |  |
| **Verbally abuses peers** |  |  |  |
| **Verbally abuses staff** |  |  |  |
| **Displays aggressive behaviour** |  |  |  |
| **Has caused deliberate injury to peers** |  |  |  |
| **Has caused deliberate injury to staff** |  |  |  |
| **Displays sexually inappropriate behaviour** |  |  |  |
| **Attempts to manipulate / control others** |  |  |  |
| **Is at risk of self-harm** |  |  |  |
| **Drugs / alcohol have an impact on behaviour** |  |  |  |
| **Has brought in or used an offensive weapon** |  |  |  |
| **Has shown racist behaviour** |  |  |  |

**Name of person completing the form: Date:**

**Role in school:**

 We will treat all information provided in confidence and in accordance with the Data Protection Act 1998. We will use the information for the purpose of identifying appropriate support for you and your son/daughter and may share information with our partner organisations for the same purpose. Our partner organisations include the Community Safety Partnership, Central Derby Primary Care Trust, Derbyshire Mental Health Trust, Greater Derby Primary Care Trust, Connexions Derbyshire, Derbyshire Police, Derby Hospitals NHS Foundation Trust.

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**In Year Fair Access Agreement**

**(Managed Moves/Supported Placement Only)**

**Parental Agreement/Consent**

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Roll of School Representative Present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I can confirm that the Managed Moves/Supported Placement process was discussed and explained to my child and myself by the above named member of staff.

I understand that at the Panel meeting my child could be allocated to any school within Derby City.

I am in agreement for the process to go ahead.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer) Date ……………….

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer) Date ………………..

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student) Date …………………