

**SECONDARY PLACEMENT PANEL**

**Supported Placement**

**You have been asked to complete this form because the young person is either:**

1. **Out of area – they are a new referral to Derby City where there are admissions concerns.**
2. **Student is coming out of EHE – application to return to mainstream and you are the last school the student attended.**
3. **Student is ready for reintegration from AP.**

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

**Please send back to:** [IYFA@derby.gov.uk](mailto:IYFA@derby.gov.uk)

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| **Young Person’s Details** | | | | | | | | | | | | | |
| **Student Legal Name in Full** | |  | | | | **Date of Birth** |  | **Year Group** | |  | | **Gender** | M/F |
| **Ethnicity** | | |  | | | **Is the student considered to be disabled? If yes, please provide details** | | | | Yes/No | | | |
| **UPN** | | |  | | |
| **Parent/Carer Details** | | | | | | | | | | | | | |
| **First Parent/Carer Name in Full** | | | |  | | | **Relation to Student** |  | | | | | |
| **Second Parent/Carer Name** | | | |  | | | **Relation to Student** |  | | | | | |
| **Address** |  | | | | | | | **Telephone** | | |  | | |
| **Mobile** | | |  | | |
| **Email Address** | | |  | | |
| **School Name:** |  | | | | | | | **Role in School:** | | |  | | |
| **Other Agencies Involved** | | | | | | | | | | | | | |
| **Name of Agencies** | | | | | **Contact Name** | | | | **Phone Numbers** | | | | |
| **MST** | | | | |  | | | |  | | | | |
| **Priority Families** | | | | |  | | | |  | | | | |
| **FIP (Family Intervention Project)** | | | | |  | | | |  | | | | |
| **School Nurse** | | | | |  | | | |  | | | | |
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| **Code of Practice** | | | | | |
| **EHCP/Statement** |  | **Undergoing Assessment** |  | **SEN Support** |  |

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| **SEN Details** | | | | | | |
| **Specific SEN** | **ADHD** | **Asperger’s** | **ASD** | **SEMHD** | **HI** | **MLD** |
| **MSI** | **PD** | **PMLD** | **SLD** | **SpLD** | **Other** |

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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 | | |
| **Does the student have a current Risk Assessment** | | | 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?** | | | | YES/NO |
| **Fixed Term Exclusion Data\*** | | | | |
| **FTE Date** | **FTE Duration** | **Reasons for FTE** | **Reintegration Steps Taken** | |
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| **Any Other Information** |
| **Is there any other information you feel would be useful?** |

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| **Exams Officer** | | | |
| **Name** |  | **Telephone** |  |
| **Email** |  | | |

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| **Subject** | **Exam Board (if appropriate)** | **Specification/ Course** | **Current Grade** |
| **English** |  |  |  |
| **Maths** |  |  |  |
| **Science** |  |  |  |
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| **Behaviour** |
| **Describe briefly the student’s behaviour and involvement of LA and other services. (Attach supplementary information as appendix B - including disciplinary record / details of inclusions, fixed and permanent exclusions, serious incident reports and information to contribute to risk assessment).** |
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| **Indicate proportion of week in education (full or part time).** |
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| **Comment on the student’s attitude to work, with staff and with peers.** |
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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).** |
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| **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).** |
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| **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).** |
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**Date form was completed: By:**