

**The Derbyshire and Derby City Attendance Project**

**Delivered by Derbyshire Educational Psychology Service**

**Application for a Child/Young Person (CYP) to be considered for**

**Emotionally-based School Non-Attendance (EBSNA) pilot**

*Once completed anonymously, please email to* [*attendanceproject@derbyshire.gov.uk*](mailto:attendanceproject@derbyshire.gov.uk)

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| --- | --- | --- | --- |
| **Name of School:** | | | |
| **Key contact name & role** |  | | |
| **Key contact email address** |  | | |
| **Initials of child** |  | **School Year** |  |
| **Current attendance %** |  | **Ethnicity** |  |
| **Does the CYP receive any SEN funding?** *(e.g. GRIP, TAPs, EHCP, E3)* | | | |
| **Which other services has the CYP been known to in the last year?**  *(e.g. Early Help, Social Care, CAMHS, Behaviour Support, Autism Outreach, SSSEN, STePS)* | | | |
| **Please describe the CYP’s EBSNA at present:**  *(i.e. missing time from school/particular lessons, high levels of distress in the morning, persistent lateness, low attendance)* | | | |
| **What factors are you aware of that contribute to the CYP’s difficulties in attending school?** | | | |
| **Chronology of attendance:**  *Please identify the % attendance per term working backwards for the past 6 terms.*  *Time 🡪*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1.  Current term | 2.  Previous term | 3. | 4. | 5. | 6. | |  |  |  |  |  |  | | | | |
| **How long has the CYP been displaying EBSNA-type behaviours?** *(e.g. missing time from school, missing particular lessons, high level of distress in the morning, persistent lateness)*  Please tick one.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | ½ a term | 1 term | 2 terms | 3 terms | More than 3 terms | | | | |
| **Have the CYP’s parents/carers received any penalties due to non-attendance?** | | | |
| **Briefly describe what support has already been offered by school and the impact that this has had.** | | | |
| **Is there any other information you’d to like to add in relation to the CYP’s EBSNA?** *(Please ensure anonymity)* | | | |



**Agreement**

|  |  |
| --- | --- |
| I have read the information leaflet/video. | YES / NO |
| I have completed an application form for **one** CYP from this school who is experiencing EBSA.  I understand that all applications will be subject to a panel review, and as this is a pilot not all applications will be offered a place. | YES / NO  YES / NO |
| If the CYP is accepted onto the project, I understand that parental consent will need to be gained before any involvement can take place.  *Please do not get parental consent until we have contacted you to confirm that the CYP has a place on the project. We will provide a consent form at that stage.* | YES / NO |
| If the CYP is accepted onto the project, I (or another named member of staff) will be a point of contact and will support in arranging meetings and sessions with the CYP. | YES / NO |
|  |  |
| If the CYP is accepted onto the project, key members of school staff will be made available to attend meetings (at a mutually convenient time) | YES / NO |
| As a school, we are committed to this pilot project. We understand that this may include the implementation of jointly agreed adjustments, strategies, and provision to be made for the CYP at school. | YES / NO |
| To evaluate the impact of this project, would school staff be potentially willing to take engage in further discussions at a later date? | YES / NO |

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