**REQUEST FOR P1 SPECIALIST PLACEMENT**

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| **DATE OF MEETING:** | 09/10/19 | **NAME OF CHILD:** | John Smith | **DoB:** | 26/03/15 | | **ECC:** | New School ECC |
| **HEALTH VISITOR:** | Louise McMurray | | **TEAM AROUND THE CHILD:** | Include names from most recent TAC | | | | |
| **SUMMARY OF MAIN REASONS FOR PLACEMENT REQUEST:**   * John requires a specialist placement * He requires 1-1 adult ratio support to engage in experiences provided * He requires skilful and specially trained staff to adapt a curriculum that will be suitable for John to grow and develop * He requires a key team around him that he can build up a relationship with and that can get to know him and his ways of communicating his needs * John is non mobile and he requires 1-1 support to be maneuvered from his specialist equipment of his Bee Chair or standing frame * John requires a hoist for when he is getting changed * John requires support during meal/snack times * He requires an environment that has the specialist adults and specialist equipment to meet the education, wellbeing and physical needs of John for him to be the best that he can be | | | | | | | | |
| **PROPOSED RECOMMENDATION:**  **Primary 1 placement at NAME School in August 2020** | | | | | | | | |
| **IN CASE RECOMMENDATION NOT POSSIBLE PLEASE INDICATE ALTERNATIVE OPTION:**  For this individual child there is no alternative option due to his complex needs | | | | | | | | |
| **PARENTAL PERMISSION TO SHARE INFORMATION:** | | | | | | | | |
| HAS THE CHILD’S PARENT/CARER AGREED TO THE CONTENT AND SHARING OF THIS INFORMATION: | | | | | | 1. YES 2. NO | | |
| AGREEMENT WAS PROVIDED WITH: | | | | | | Head of Centre  New School ECC | | |
| AGREEMENT WAS PROVIDED VIA: | | | | | | 1. MEETING 2. EMAIL 3. TELEPHONE | | |
| DATE OF CONSENT: | | | | | | 9/10/19 | | |

**PLEASE ENSURE ALL REQUIRED MINUTES, PLAN AND ASSESSMENTS, ARE INCLUDED. PAPERS MUST BE SUBMITTED BY THE WEDNESDAY PRECEDING THE MEETING.**