**Placement Change Application – Front Cover**

**Child/Young Person’s Details:**

|  |  |
| --- | --- |
| **Name:**  | **Date of Birth:**  |
| **Gender:**  | **Year Stage:**  |
| **Parent/Carer Name/Address:**  | **Nursery: Pre-school Deferred Year**(please tick) |
| **Child/Young Person’s Current Address:**(if different)  |
| **Current Placement/School:**  | **Date First Attended:**  |
| **Preferred method of communication:** (tick as required) **Letter Email** **Please supply Parent/Carer email address** (if applicable)  |
| **SW name** (if applicable) | **Legislation** (e.g. CSO if applicable)  |
| **Looked After Status:** (tick as applicable) **None At Home Away from Home Previous LAC LA: Falkirk Other/specify**  |

|  |  |  |
| --- | --- | --- |
| **Provision requested** **Please tick (one only)** | **Start date requested**  | **Expected duration of placement**  |
| Primary Enhanced Provision |  |   |   |
| ASC primary provision |  |  |  |
| ASL Wing primary (severe and complex needs) |  |  |  |
| Windsor Park - Primary |  |  |  |
| ASC secondary provision |  |  |  |
| Carrongrange HS (severe and complex needs) |  |  |  |
| Windsor Park - Secondary |  |  |  |

|  |  |  |
| --- | --- | --- |
|   | **Name** | **Designation** |
| **Requestor** |   |   |
| **Education contact**  |   |   |
| **Educational Psychologist**  |   |

|  |
| --- |
| **Name(s) and Address(s) of parents/carers not named above to be made aware of the decisions following the Placement Change Meeting:** |

**Please tick ALL that apply currently and previously for child/young person or parents/carers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Resources/Supports**  | **Previous**  | **Current**  | **Resources/Supports**  | **Previous**  | **Current**  |
| Educational Psychology Service  |   |   | Outreach Services: ASN/SEBN  |   |   |
| ExSfLA Hours |   |   | Physiotherapy |   |   |
| NHS Hours  |   |   | Occupational Health |   |   |
| CAMHS |  |  | Social Work C&F |  |  |
| SALT |  |  | Social Work CwDT |  |  |
| Other **(please specify)**: |  |  | Other **(please specify)**: |  |  |

**Supporting paperwork submitted, your checklist:**

Please ensure that your application comprises all of the information below before submission. Should any of the information be missing, this **will** delay the application being considered.

|  |  |
| --- | --- |
| Joint consideration of proposed placement: (**Form 6** - Record of TAC Meeting)  |  |
| Joint planning and intervention by the TAC: (**Form 4** - Child’s Action Plan) This must contain a well-considered plan for mainstream |  |
| Joint assessment by the Team Around the Child: (name if additional document)  |   |
| **Additional Views of parents and child**: (tick if additional document included)  |   |
| Other documents attached (please list):  |   |

**Content/detail of paperwork, your checklist – this application must evidence that:**

The paperwork should provide clear evidence for the key areas that will form the discussion of the Placement Change Panel.

|  |  |
| --- | --- |
| There is a clear profile of additional support needs (assessment)  |  |
| The approaches and strategies that have been used have been evaluated and analysed, whilst measuring their impact (analysis and evaluation) |  |
| Reference has been made to attendance trends, with evaluation of impact |  |
| There has been consideration and evaluation of any other factors that are significantly impacting this child’s attainment and wellbeing |  |
| There has been a range of holistic supports discussed and planned to ensure this child’s needs would be met in their mainstream catchment school  |  |
| There is explanation as to how the child’s needs meet the criteria for the requested placement |  |
| The child’s views are recorded in whatever format or by whatever means are appropriate |  |
| The parent/carer’s views are clear even if there is no written statement/letter attached  |  |
| Additional assessments from other professionals are relevant and informative |  |

**Parent/Carer Consent**

I have been given a copy of this application and agree with the recommendation. I understand that my child meets the criteria for referral to the Placement Change Panel, for consideration of a specialist provision placement. I am also aware that places are allocated on the highest level of needs.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name (CAPITALS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child/Young Person’s Consent (obtained in whatever format is appropriate for the child or young person).**

I have been given a copy of this application and agree with the recommendation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Person Submitting Request (Requestor) on behalf of Team Around the Child:**

|  |  |
| --- | --- |
|  Signature: |  |
| Name (CAPS) |  |
| Date: |  |
| Designation: |  |
| Contact details:  |  |

Consultation with Educational Psychologist

Consultation with ASN Team, if applicable

**Referral discussed and paperwork approved by:**

**Name:**   **Signature:**

**Designation:** Headteacher/ASN Co-ordinator

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Electronic signatures acceptable**

Please submit to edu.pcp@falkirk.gov.uk.