**Intervention Request Form**

The initial decision about the suitability of The Regulation Station to meet the student’s needs will be based on the quality of information you provide. Please complete this form as fully as possible in cooperation with the student and their parent/carer.

| **Date of Request** |  |
| --- | --- |
| **STUDENT PROFILE** |
| **Name of student** |  | **Date of birth** |  |
| **Sex** | M F | **Nationality** |  |
| **Ethnic origin** |  | **Religion** |  |
| **Unique Learner Number** |  |
| **Address** |  |
| **PARENT/CARER PROFILE** |
| **Contact 1** |
| **Name** |  |
| **Telephone** |  |
| **Email**  |  |
| **Relationship** |  |
| **Parental Responsibility?** | YES / NO |
| **Contact 2** |
| **Name** |  |
| **Telephone** |  |
| **Email**  |  |
| **Relationship** |  |
| **Parental Responsibility?** | YES / NO |
| When did you first become concerned about your child and why? |
|  |
| What are your main concerns for your child currently? |
|  |
| What are you hoping will change for your child while at The Regulation Station? |
|  |
| What do you see as your role working with the team at The Regulation Station to achieve positive outcomes for your child? |
|  |
| What professional support would be most helpful for you at this time? |
|  |
| *I understand that I am a part of the solution for my child and commit to work with all involved professionals and my child to achieve the best possible academic and social outcomes for them.*  |
| Name |  | Signature |  |
| Relationship to child |  | Date |  |

| **EDUCATION PROFILE** |
| --- |
| NC Year group |  |
| National Curriculum key stage levels/predicted outcomes |
| **KS2** | **KS3** |
| English | Maths | English | Maths |
|  |  |  |  |
| **KS4 predictions** |
| English  | Maths | Science |
|  |  |  |
| Other subject predictions |  |  |
|  |  |
|  |  |
|  |  |
| **CAT scores** |
| Overall | Verbal | Non-verbal | Spatial | Quantitative |
|  |  |  |  |  |
| Other standardised test scores (e.g. cognitive testing) |  |  |  |  |
|  |  |  |  |
| Does the student have an Additional or Special Educational Need? | YES / NO |
| SEND Support (K) | YES / NO |
| EHC PlanIf yes, is a copy attached to this request | YES / NO |
| Date added to SEND register and/or EHCP started |  |
| Category of need |  |
| How does the student’s need impact their engagement with school? |  |
| Please detail how interventions to date are part of a graduated approach to support (starting with High Quality Teaching) |  |
| **ATTENDANCE PROFILE** |
| Attendance to date (please include full attendance report) |  |
| Are there any notable patterns to absences? |  |
| What action has been taken to address the concerns with attendance? |  |
| Are there any concerns regarding internal or external truancy? |  |
| What action has been taken to address the concerns with truancy? |  |
| **CONTEXTUAL PROFILE** |
| Student’s hobbies and interests | Student’s Achievements to date |
|  |  |
| Student’s aspirations | Student’s hopes for change |
|  |  |
| Adverse Childhood Experiences (ACES) – which, if any, of the following has the student experienced? |
| **Abuse** | **Neglect** | **Household Dysfunction** |
| Physical | Physical | Mental Illness | Incarcerated relative |
| Sexual | Emotional | Domestic Abuse | Substance abuse |
| Emotional  |  | Divorce |  |
| Other contextual factors |
| Pupil Premium | Free School Meals | Child Looked After | Child in Need | Child Protection | Young Carer |
| EAL | EBSA | Self-Harm | CSE | CCE | Young Offender |
| Agencies involved  |
| **Agency** | **Contact Name** | **Role** | **Telephone** | **Email** | **Dates/length of involvement** |
| CAMHS |  |  |  |  |  |
| CHUMS |  |  |  |  |  |
| Edwin Lobo  |  |  |  |  |  |
| Social Worker |  |  |  |  |  |
| Educational Psychologist |  |  |  |  |  |
| Speech and Language Therapist |  |  |  |  |  |
| Family Partnership |  |  |  |  |  |
| Guardian Ad Litem |  |  |  |  |  |
| Youth Offending Team |  |  |  |  |  |
| Youth Worker |  |  |  |  |  |
| Counsellor/Psychiatrist |  |  |  |  |  |
| Virtual School |  |  |  |  |  |
| Drug and Alcohol Services |  |  |  |  |  |
| Brook Advisory |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Medical needs |
| Medical condition |  |  |  |  |
| Associated medication/treatment |  |  |  |  |
| What provisions are needed in school to support the medical condition? |  |  |  |  |
|  |  |  |  |  |

| **PROFESSIONAL’S PROFILE**  |
| --- |
| Name of agency |  |
| Name and role of person requesting intervention |  |
| Main contact Person/Keyworker(if not the person completing the request |  |
| What are your main concerns for the student? |
|  |
| What are your desired outcomes for the student? How would you describe success for them? |
|  |
| Threshold for intervention criteria (please indicate the basis on which a request is being made) |
| **TIER 1 (2 days)** | **TIER 2 (3 days)** |
| They are experiencing Emotionally Based School Avoidance (EBSA) | They struggle with the demands of school due to mental ill health | They have exhibited self-harming behaviour within the previous six months | They have frequent and intense emotional outbursts in response to reasonable behavioural expectations | They frequently display antisocial behaviour that disrupts their learning | They have experienced 2 suspensions or are at risk of expulsion from school |
|  |  |  |  |  |  |
| Please detail all interventions and strategies that have been put in place to support the student |
|  |  |
| Please comment on the levels of participation of the student and parent/carers with the support offered  |
|  |  |
| Please describe and evaluate the impact of the above strategies and interventionsWhat went well? Even better if…? |
|  |  |
| Level of input required | Tier 1 (2 days per week)Tier 2 (3 days per week) |
| Address and named contact for invoicing purposes |  |
| * *I understand that as an agency we are a part of the solution for this student and commit to work with all involved professionals, the student, and their family to achieve the best possible academic and social outcomes for them.*
* *I confirm that this form has been completed in collaboration with the student and their parent/carer and the purpose of the request discussed and agreed with them*
 |
| Date of meeting with Parent/carer |  | Date of meeting with student |  |
| Parent/Carer name |  | Student Name |  |
| Parent Signature |  | Student Signature |  |
| Date |  | Date |  |
| Referrer Name and signature  |  |
| Date |  |

**Risk Assessment Form**

**To be completed by the referring School/LA prior to admission.**

\*Please ensure you place a tick in the yes or no box for **ALL** vulnerability criteria.

| **Student Name** |  |
| --- | --- |
| **School/LA authority** |  |
| **Completed By** |  |
| **Date Completed:** |  |
|  |
| **No.** | **\*Vulnerability Criteria** | **YES** | **NO** | **If yes, perpetrator or target (P, T or N/A)** | **Comments** |
|  | Neglect |  |  |  |  |
|  | Physical Abuse |  |  |  |  |
|  | Sexual Abuse |  |  |  |  |
|  | Emotional Abuse |  |  |  |  |
|  | Bullying, including online bullying and prejudice-based bullying |  |  |  |  |
|  | Racist, disability and homophobic or transphobic abuse |  |  |  |  |
|  | Gender based violence/violence against women and girls |  |  |  |  |
|  | Radicalization and/or extremist behavior  |  |  |  |  |
|  | Child sexual exploitation and trafficking |  |  |  |  |
|  | Impact of new technologies on sexual behavior, eg sexting |  |  |  |  |
|  | Teenage relationship abuse |  |  |  |  |
|  | Substance misuse |  |  |  |  |
|  | Domestic violence |  |  |  |  |
|  | Female genital mutilation (FGM) |  |  |  |  |
|  | Forced marriage |  |  |  |  |
|  | Fabricated or induced illness |  |  |  |  |
|  | Poor parenting  |  |  |  |  |
|  | Self-harm |  |  |  |  |
|  | Suicidal thoughts |  |  |  |  |
|  | Anxiety  |  |  |  |  |
|  | Physical and verbal abuse towards student/staff |  |  |  |  |
|  | Local community issues e.g County Lines/Gang activity/Youth violence inc weapons |  |  |  |  |
|  | Other issues not listed above that pose a risk to this pupil |  |  |  |  |
| **Risk Assessment** |
| **Overall Safeguarding Risk Assessment**  | **Low** | **Medium** | **High** |
| **No.** | **Risk Factor** | **Risk reduction plan** | **Who/how/when** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| Assessor Name  |  | Sign: |
| --- | --- | --- |
| Role |  | Date |  |