**Essex Primary SEMH Request for Support Form**

The Primary SEMH Request for Support form is the main referral route for accessing places and support from the Primary SEMH Enhanced Provisions in your area.

Each request for support is presented at a panel meeting which consists of staff from the local authority, the Enhanced Provisions, EWMHS and representatives from other schools.

For your request for support to be heard at a Panel meeting, please complete this referral form and email it to:

|  |  |
| --- | --- |
| **South Essex** | [Steve.Phillips@css-essex.co.uk](mailto:Steve.Phillips@css-essex.co.uk)  [Janice.Edwards@css-essex.co.uk](mailto:Janice.Edwards@css-essex.co.uk)  [Melissa.Brooker@essex.gov.uk](mailto:Melissa.Brooker@essex.gov.uk) |
| **North Essex** | [primaryadmissions@kcat.co.uk](mailto:primaryadmissions@kcat.co.uk) |
| **Mid Essex** | [primaryadmissions@kcat.co.uk](mailto:primaryadmissions@kcat.co.uk) |
| **West Essex:**   * **Harlow** * **Epping Forest** * **Uttlesford** | [grow@bmatcooksspinney.org.uk](mailto:grow@bmatcooksspinney.org.uk)  [head@lambourne.essex.sch.uk](mailto:head@lambourne.essex.sch.uk)  [hollowst1@magnacartaacademy.org](mailto:hollowst1@magnacartaacademy.org) |

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| Completed by  (Key school contact): |  |
| School:  Role: |  |
| Email address: |  |
| Contact telephone number: |  |

**Pupil Information**

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| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Ethnicity:** |  |
| **Year Group:** |  |
| **Attendance:** |  |
| **UPN:** |  |
| **Name of the Parent or Carer:** |  |
| **Current Address:** |  |
| **Contact telephone** | **Landline:**  **Mobile:** |
| **Social Care involvement** | Yes  No  Name of Social Worker:  Email:  Telephone: |
| **Child Protection Plan in place** | Yes  No |
| **Child in Need Plan in place** | Yes  No |

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| **Has the pupil got an EHCP?** | **Yes**  **No** |
| **If finalised, date of the Education, Health and Care Plan:** |  |
| **Date of the most recent Annual Review:** |  |

**Please check (x) the agencies which are involved with the child or the family and include their names if known:**

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| School EP |  |  |
| Inclusion Partner |  |  |
| Family Solutions |  |  |
| Attendance Monitoring Officers |  |  |
| Education Psychology |  |  |
| Health Services |  |  |
| Youth Offending Team |  |  |
| Paediatrician / Clinical Medical Officer |  |  |
| Emotional Wellbeing and Mental Health Service (EWMHS) |  |  |
| Community Police |  |  |
| Other |  |  |

|  |  |  |
| --- | --- | --- |
| Has your school had the Trauma Perceptive Practice training? | Yes | No |

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| **Reason for the Request for Support** (what are your concerns about?) |

**What support are you requesting from the panel? (tick all that apply)**

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| --- | --- |
| Signposting to relevant support | Yes |
| In-school support or advice | Yes |
| A placement within one of the enhanced provisions | Yes |

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| **Through accessing this support, the pupil will be able to?** (SMART targets) |
| **Through accessing this support, school staff will be able to?** (SMART targets) |
| **Pupil background/context/behaviour**  (Include strengths, areas of need, family context, significant contributing factors)  Assess |
| **What support have you put in place? Attach current One Plan if available**  (Include details of - individual curriculum, group interventions, family support, personalised timetable, whole-school approaches, staff training, working with other agencies)  Plan / Do |
| **What is the impact of the support you have put in place so far?**  (Include successes and areas of persistent need, further reasonable adjustments made)  Review |

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| **Parent/Carer Views:** |

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| **Pupil Views:** |

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| **Parent/Carer:**  I give my consent for all relevant information relating to my child to be shared with the appropriate professionals involved in the Primary SEMH Request for Support Panel in order that a request for support can be discussed.  **Signed: Date:** |

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| **Referrer agreement:**  All the information within this referral is accurate to the best of my understanding and all supplementary information has been included to support the referral.  Name of referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signed:**  **Date:** |

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| **Headteacher agreement:**  I am in support of this referral and am fully aware of the different pathways of support that could be offered to the pupil and our school. I will work with the panel to agree a plan and am committed to providing the required resources and if agreed, supporting the reintegration of the pupil back to our school.  Name of Headteacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signed** |