**STUDENT ADMISSION PASSPORT**

**Referral for student support at Southway**

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| **Referring school checklist**(Use this to help you track your progress with the application, and ensure you don’t miss sharing anything that could delay admission). |
| **I have raised a Purchase Order for the payment of the place at Southway**. (If required to do so by your school). |  |
| **I have submitted the Purchase Order to Southway’s Accounts** **Lead**. (cboardman@southway.org.uk) |  |
| I have submitted a current Risk Assessment. |  |
| I have sent the CTF file to Southway (DFE number 3836009) |  |
| I have provided the most recent academic data. |  |
| I have provided details of any exams the student is entered for (if applicable) |  |
| The SENDCo at my school has spoken/met with the SENDCo at Southway.  |  |

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| --- |
| **Initial placement details** |
| **Student full name:** |  | **Year group:** |  |
| **Referring school:** |  |
| **Briefly describe the event(s) that triggered this referral.** (Why now?) |  |
| **Please indicate how long would you anticipate the placement lasting** | **½ Term** |  | **1 Term** |  | **Longer** |  |
| **Contract Meeting Date:** |  | **On Roll Date:** |  |

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| **Southway Admin Use Only** |  |  |  |
| **Checked & Added to Referral Data** | **Claire Boardman** | **Key Worker:** |  |  |
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| --- | --- | --- | --- | --- | --- |
| **CTF Provided** | Yes o/ No o | **CTF Downloaded** | Yes o/ No o | **CTF Imported into SIMS** | Yes o/ No o |
|  |  |  |  |  |  |
| **S/W Placements** | Yes o/ No o | **Invoicing** | Yes o/ No o | **Assessment Tracking** | Yes o/ No o |
|  |  |  |  |  |  |
| **Examination Entries** | Yes o/ No o | **Student Sheets** | Yes o/ No o | **Student School List** | Yes o/ No o |
|  |  |  |  |  |  |
| **CPOMS** | Yes o/ No o | **EduKey** | Yes o/ No o | **Classcharts (download)**  | Yes o/ No o |
|  |  |  |  |  |  |
| **GL Assessments** | Yes o/ No o | **EdLounge** | Yes o/ No o | **Risk Assessment received** | Yes o/ No o |

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**School Contact Details:** *(Included in CTF - Yes* o *No* o*)*

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| School: |  |
|  |  |  |  |
| School Contact: |  | Job Title: |  |
|  |  |  |  |
| Tel No *(DDI)*: |  | Ext: |  |
|  |  |  |  |
| Email Address: |  |

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**Referral Status for Dual Registration:**

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| South AIP |  | C/W SEMH Panel  |  | Private Referral |  | Out of Area |  | OOA Location |  |
|  |
| PX |  | Other AIP Area |  | which Area AIP |  |

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**Registration Information:** *(Included in CTF - Yes* o *No* o*)*

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| Year Group: |  | Admission Date: |  |
|  |  |  |  |
| UPN: |  | Unique Learner No. |  |
|  |  |  |  |
| UCI: |  | Exam Number: |  |

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**Student Details:** *(Included in CTF - Yes* o *No* o*)*

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| Legal Forename: |  | Photograph: |  |
|  |  |  |
| Middle Name(s): |  |  |
|  |  |  |
| Legal Surname: |  |  |
|  |  |  |
| Preferred Surname: |  |  |
|  |  |  |
| Preferred Forename: |  |  |
|  |  |  |
| Date of Birth: |  |  |
|  |  |  |
| Gender: |  |  |

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**Current Address & Family Details:** *(Included in CTF - Yes* o *No* o*)*

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| House No: |  | Street: |  |
|  |  |  |  |
| Town: |  | City: |  |
|  |  |  |  |
| Postcode: |  | Address Type: |  | *(Home, Family, Care, Other)* |

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| **Primary Contact:** |  |  |  |
| Forename: |  | Surname: |  |
|  |  |  |  |
| Relationship: |  | *(Mother, Farther, Grandparent etc)* |
|  |  |  |  |
| Telephone No. H: |  | Main/Primary Number: |  |  |
|  |  |  |
| TelephoneNo. M: |  | Main/Primary Number: |  |  |
|  |  |  |
| Telephone No. W: |  | Main/Primary Number: |  |  |
|  |  |  |
| Email Address: |  |

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| **2nd Contact:** |  |  |  |
| Forename: |  | Surname: |  |
|  |  |  |  |
| Relationship: |  | *(Mother, Farther, Grandparent etc)* |
|  |  |  |  |
| Telephone No. H: |  | Main/Primary Number: |  |  |
|  |  |  |
| TelephoneNo. M: |  | Main/Primary Number: |  |  |
|  |  |  |
| Telephone No. W: |  | Main/Primary Number: |  |  |
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| Email Address: |  |

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| **3rd Contact:** |  |  |  |
| Forename: |  | Surname: |  |
|  |  |  |  |
| Relationship: |  | *(Mother, Father, Grandparent etc)* |
|  |  |  |  |
| Telephone No. H: |  | Main/Primary Number: |  |  |
|  |  |  |
| TelephoneNo. M: |  | Main/Primary Number: |  |  |
|  |  |  |
| Telephone No. W: |  | Main/Primary Number: |  |  |
|  |  |  |
| Email Address: |  |

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**Known Medical Conditions:** *(Included in CTF - Yes* o *No* o*)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Doctor surgery:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Any know medical conditions: | Yes |  |  | No |  |  |
|  |
| If yes, further details (including any medication that will be brought into school): |
|  |  |  |  |
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**Ethnicity/Cultural:** *(Included in CTF - Yes* o *No* o*)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Ethnicity: |

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| Banladeshi: |  | Indian: |  | Kashmiri Pakistani: |  | Other Pakistani: |  | Other Asian: |  |

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| Black Caribbean: |  | African: |  | Any other Black background: |  | Chinese: |  |

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| --- | --- | --- | --- | --- | --- |
| White/Black African: |  | Any other Mixed Background: |  | White/Asian: |  |

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| White/Black Caribbean: |  | Info Not Obtained: |  | Any Other Ethnic Group: |  |

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| British: |  | Irish: |  | Any Other White Background: |  |  |  |

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| Traveller – Irish Heritage: |  | Gypsy/Roma: |  |  |  |  |  |

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**School History:** *(Included in CTF - Yes* o *No* o*)*

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| --- | --- | --- | --- |
| Current School: |  | Start Date: |  |
|  |  |  |  |
| Attendance at the end of each academic year on roll (%) |
|  |  |  |  |
| Yr.7 |  | Yr.8 |  | Yr.9 |  | Yr.10 |  | Yr.11 |  |
|  |  |  |  |
| Current % of current year |  |  |  |
|  |  |  |  |
| Exclusions in Last Academic Year | No of Exclusions: |  | Total Days: |  |
|  |  |  |  |  |  |
| Exclusions in Current Academic Year | No of Exclusions: |  | Total Days: |  |
|  |  |  |  |  |  |
| Please provide details of any previous schools/provisions: |  |  |  |
|  |  |  |  |
| School/Provision 1: |  |
|  |  |  |
| Start Date: *(If known)* |  | Leaving Date: *(If known)* |  |
|  |  |  |  |
| School/Provision 2: |  |
|  |  |  |
| Start Date: *(If known)* |  | Leaving Date: *(If known)* |  |
|  |  |  |  |
| School/Provision 3: |  |
|  |  |  |
| Start Date: *(If known)* |  | Leaving Date: *(If known)* |  |
|  |  |  |  |
| Please provide details of last known primary school: |  |  |  |
|  |  |  |  |
| School Name: |  |
|  |  |  |
| Start Date: *(If known)* |  | Leaving Date: *(If known)* |  |

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**Information Requested –** Please send the followng **at the time of your referral:**

* **A SIMS Attendanace Certificate for current and previous year.**
* **A copy of the Last Academic Report.**
* **A Risk Assessment if relevant**

**SEND Information:** *(Included in CTF - Yes* o *No* o*)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| Current SEND status e.g. K |  |
|  |  |  |  |  |  |  |
| Is the child currently undergoing or have they ever undergone an EHC Plan? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| If Yes, please provide details of the plan and SENCO details |  |
|  |
|  |  |  |  |  |  |  |
| Does the child have a Statement of SEND/FFI support? | Yes |  |  | No |  |  |
|  |  |  |  |
| If Yes, how many units of funding are attached? |  |

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**Risk Assessment:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| Does the student have a current Risk Assessment? | Yes |  |  | No |  |
|  |  |  |  |  |  |
| Do you feel the student needs a Risk Assessment? | Yes |  |  | No |  |
| Context of why one is not in place? If yes, please attach a copy, if No – please complete the Risk Assessment which was sent out with this passport. |
|  |  |  |  |  |  |
|  |  | Copy Attached |  | Completed Attached |  |
|  |  |  |  |  |  |
| Does the student have a current Individual Learning Plan/Individual Behaviour Plan (ILP/IBP) | Yes |  |  | No |  |
|  |  |  |  |  |  |
| If yes, please attach a copy. | Attached |  |
|  |  |  |
| Does the student have a current Positive Handling Plan (PHP)? | Yes |  |  | No |  |
|  |  |  |  |  |  |
| If yes, please attach a copy. | Attached |  |

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**School SEND Co must complete the Provision Mapping below.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Cognition & Learning** | **Yr 7** | **Yr 8** | **Yr 9** | **Yr 10** | **Yr 11** |
| **Literacy** |
| Toe by Toe |  |  |  |  |  |
| Active Literacy Kit |  |  |  |  |  |
| Dockside |  |  |  |  |  |
| Units of Sound |  |  |  |  |  |
| Lexia |  |  |  |  |  |
| Accelerated Reader |  |  |  |  |  |
| Word Blaze |  |  |  |  |  |
| Form Time Reading |  |  |  |  |  |
| After School Reading Programme |  |  |  |  |  |
| Hands on Literacy |  |  |  |  |  |
| GWR Comprehension |  |  |  |  |  |
| Hodder Reading |  |  |  |  |  |
| Stride Ahead |  |  |  |  |  |
| Form Time Reading |  |  |  |  |  |
| Pinsent Masons Reading Project |  |  |  |  |  |
| **Numeracy** |
| MDC Maths Intervention |  |  |  |  |  |
| Form Time Maths |  |  |  |  |  |
| Pinsent Masons Maths Mentoring |  |  |  |  |  |
| **Cognitive Ability Testing** |
| Coloured overlay |  |  |  |  |  |
| Special Access Arrangements |  |  |  |  |  |
| Dyslexia Screening |  |  |  |  |  |
| Processing Speed Assessment |  |  |  |  |  |
| **Outside Agency** |
| Complex Needs |  |  |  |  |  |
| STARS |  |  |  |  |  |
| SALT |  |  |  |  |  |
| Educational Psychologist |  |  |  |  |  |
| LSU |  |  |  |  |  |
| Other |  |  |  |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEMH** | **Yr 7** | **Yr 8** | **Yr 9** | **Yr 10** | **Yr 11** |
| **School Intervention** |
| Noise Academy |  |  |  |  |  |
| Art Therapy |  |  |  |  |  |
| Find your Talent |  |  |  |  |  |
| Shine |  |  |  |  |  |
| Vulnerability Group |  |  |  |  |  |
| Time out Pass |  |  |  |  |  |
| Keyworker |  |  |  |  |  |
| LSU/Referral |  |  |  |  |  |
| Transition Group |  |  |  |  |  |
| **Behaviour Support** |
| IBP |  |  |  |  |  |
| Report Black/Blue/Red |  |  |  |  |  |
| Assertive Mentoring |  |  |  |  |  |
| Peer Mentoring |  |  |  |  |  |
| HOY/DOY 1:1 Support |  |  |  |  |  |
| **Outside Agency** |
| Cluster Referral: Early Therapeutic Worker |  |  |  |  |  |
| Cluster Referral: Family Support |  |  |  |  |  |
| CAMHS Referral |  |  |  |  |  |
| Education Psychologist |  |  |  |  |  |
| **External Provision** |
| Footsteps |  |  |  |  |  |
| Southway |  |  |  |  |  |
| Hunslet Boys Club |  |  |  |  |  |
| Elland Academy |  |  |  |  |  |
| Stephen Longfellow |  |  |  |  |  |
| Springwell |  |  |  |  |  |
| Skills 4U |  |  |  |  |  |
| West 14 |  |  |  |  |  |
| Other |  |  |  |  |  |

 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Communication & Interaction** | **Yr 7** | **Yr 8** | **Yr 9** | **Yr 10** | **Yr 11** |
| **SALT** |
| Social Skills Group |  |  |  |  |  |
| Lego Therapy |  |  |  |  |  |
| Language support |  |  |  |  |  |
| SLT support |  |  |  |  |  |
| SLT Monitoring |  |  |  |  |  |
| SLT Intervention |  |  |  |  |  |
| SLT Therapy Block |  |  |  |  |  |
| **EAL** |
| EAL in Class support |  |  |  |  |  |
| EAL 1:1 Withdrawal |  |  |  |  |  |
| EAL Small group Withdrawal |  |  |  |  |  |
| **Behaviour Support** |
| Peer Mentoring |  |  |  |  |  |
| HOY Support |  |  |  |  |  |
| DOY Support |  |  |  |  |  |
| Keyworker Support |  |  |  |  |  |
| **Outside Agencies** |
| STARS Involvement |  |  |  |  |  |
| SALT Referral |  |  |  |  |  |
| Cluster referral |  |  |  |  |  |
| **School Interventions** |
| Travel training |  |  |  |  |  |
| Find Your Talent |  |  |  |  |  |
| Transition Group |  |  |  |  |  |
| Access to Quiet Space |  |  |  |  |  |
| LSU Referral |  |  |  |  |  |
| Other |  |  |  |  |  |

 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sensory & Physical** | **Yr 7** | **Yr 8** | **Yr 9** | **Yr 10** | **Yr 11** |
| **Outside** |
| DAHIT |  |  |  |  |  |
| Physiotherapy |  |  |  |  |  |
| Occupational Therapy |  |  |  |  |  |
| **School Nurse** |
| 1:1 Emotional Support |  |  |  |  |  |
| Regular Medical Support |  |  |  |  |  |
| Medical Care Plan |  |  |  |  |  |
| **Fine Motor Skills** |
| Special access Arrangements |  |  |  |  |  |
| Handwriting Support |  |  |  |  |  |
| Laptop |  |  |  |  |  |
| Other |  |  |  |  |  |

|  |  |
| --- | --- |
| Evidence Provided: | Yes / No  |
|  |  |
| Details: |  |

 |

|  |
| --- |
| **For Key Stage 4 students only** |
| Does this student require Access Arrangements for examinations? | **Y** |  | **N** |  |
| **Has the SENDCo submitted an application for access arrangements (Form 8) to JCQ?** | **Y** |  | **N** |  |
| **(If ‘yes’) please state the date at which this was approved** |  |
| Does this student require a laptop as part of their usual way of working? | **Y** |  | **N** |  |
| (To assist us in entering this student for examinations, please provide): |
| **UCI Number:** |  | **ULN:** |  |

**Individual Healthcare plan (medical)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date completed |  | Review Date |  |
| Child/young person’s name |  | D.O.B. |  |
| Home address |  | Tel. No. |  |
| Medical diagnosis or condition, including known allergies. |  |
| Named person in Academy responsible for Individual Healthcare Plan and their role (state ifdifferent for offsite activities). | Name | Role |
|  |  |
| Academy |  | Tel. No. |  |

|  |  |  |
| --- | --- | --- |
| Symptoms to watch out for in an emergency | What to do | Follow-up care |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact details** | **Name** | **Address** | **Telephone** |
| Emergency |  |  |  |
| Parent/carer |  |  |  |
| Parent/carer |  |  |  |
| GP |  |  |  |
| Health professional |  |  |  |
| Other e.g., outside agencies |  |  |  |

**Medication details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of medication | Dose and when to be taken | Where/how is it stored? | Who will administer/ monitor in the case of self-administration? |
|  |  |  |  |
|  |  |  |  |

**Medical procedure**

|  |  |  |  |
| --- | --- | --- | --- |
| Procedure | When? | How? | Who? |
|  |  |  |  |
|  |  |  |  |

**Staff**

|  |  |  |
| --- | --- | --- |
| What is required? | Frequency | Provider |
|  |  |  |
|  |  |  |
| Names of staff who this plan needs to be shared with |
|  |  |  |

Toileting/Personal Care assistance – if applicable (this section may not require the signatureof a registered health professional and can be used as a stand-alone form if there are no other needs.)

|  |  |
| --- | --- |
| Description of procedure for staff to follow, including hygiene control-measures frequency/times/location |  |
| Identify which parts of the care the child/young person will do independently |  |
| Resources required and provider |  |
| Identify any moving and handling needs.(Complete a moving and handling profile ifrequired) |  |
| Any additional information e.g.• Communication needs• Behaviour |  |
| Management of wet/soiled clothing |  |
| Names of staff identified to carry out procedures |  |

**Individual Healthcare Plan agreed by:**

|  |  |  |
| --- | --- | --- |
|  | Name  | Signature |
| Registered Health Professional (if applicable RMAT) |  |  |
| Academy representative |  |  |
| Parent/carer |  |  |
| Child/young person |  |  |

I confirm I will not hold The Rodillian Multi Academy Trust or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence

Parents Name…………………………………………………………………………………

Parent/Carer Signature ……………………………………………………………………………

Relationship to Child…………………………….…………Date……………………………

**Data protection:**

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person. The information will be kept in accordance with Rodillian Multi Academy Trust policy regarding Data Protection.

Pupil Profile

Please complete the following as this will form part of an initial profile which will be shared with Southway staff. Please provide observations detailing observations/ strategies that work to support the child and strategies that do not work.

This will be reviewed by one of the Southway SENDCo’s in 6 weeks’ time.

|  |  |
| --- | --- |
| Behaviour  | Attitude to Learning  |
|  |  |
| Attitude to Peers   | Attitude to Staff  |
|  |  |
| Areas of Strength   | Areas of concern  |
|  |  |
| Communication and Interaction  | EHCP / Reintegration Plan  |
|  |  |
| **Interests, skills and strengths**(Tick all appropriate) | **On-entry careers interview (Key Stage 4)** |
| Art |  | I have a good understanding about what I’d like to do after Year 11 |  |
| Design and technology |  | I have a part-time job outside of school |  |
| Sports (specify below) |  | I would be interested in a work-placement if available (Year 11) |  |
| Music |  | I would be interested in a day-release to LCB on Skills Academy Course |  |
| Other interests (specify below) |  |  |
|  |

**Multi Agency Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is the student entitled to Free School Meals? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| Is the child subject to a EHP? (Early Help Plan) | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| If yes, please attach a copy of the plan. |  |
|  |  |  |  |  |  |  |
| Is the student entitled to Pupil Premium/Pupil Premium Plus? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| Is the pupil “looked after” by the Local Authority?  | Yes |  |  | No |  |  |
|  |  |  |  |
| If yes, what is the pupil’s current legal status? | Accommodated? | Yes |  |  | No |  |  |
|  |
|  | Care Order? | Yes |  |  | No |  |  |
|  |
|  | Start Date |  |
|  |
| Is the pupil “looked after” by another family member e.g. in a kinship relationship?  | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| If yes, please give details |  |
|  |  |
| Is the child known to Social Services/or has been known to social services in the past 12 months? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| If yes, please give details |  |
|  |  |  |  |  |  |  |  |
| Is the child subject to: | Child In Need Plan | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |  |
|  | Child Protection Plan | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| Previous Child Protection Plan (last 2 years) | Yes |  |  | No |  |  |

 |

*Information included wthin the provided CTF - Yes* o *No* o

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Social Worker Details |  |  |  |  |
|  |  |  |  |  |
| Name |  | Office Telephone |  |
|  |  |  |  |  |
| Email |  | Mobile Telephone |  |
|  |  |  |  |  |
| Is the pupil caring for another family member? | Yes |  |  | No |  |  |
|  |
| If yes, please provide further information |  |
|  |  |
| Are there known Child Protection/Safeguarding issues? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |
| If yes, please provide the school’s current CP Contact/s |  |  |
|  |  |  |  |  |  |
| Name |  | Office Telephone |  |
|  |  |  |
| Email |  | Mobile Telephone |  |

 |

**Known Risks/Concerns.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CSE |  | CCE |  | County Lines |  |
|  |  |  |  |  |  |
| Physical Abuse |  | Sexual Abuse |  | Emotional Abuse |  |
|  |  |  |  |  |  |
| Neglect |  | Mental ill Health |  | Suicidal intent |  |
|  |  |  |  |  |  |
| Self-Harm |  | Forced Marriage |  | Risk to others |  |
|  |  |  |  |  |  |
| Prevent |  | CSE |  | Faith Abuse |  |
|  |  |  |  |  |  |
| Financial Abuse |  | Domestic Violence |  | Female Genital Mutilation |  |
|  |  |  |  |  |  |
| Fabricated/Induced Illness  |  | Harmful Sexual Behaviour |  | Institutional Abuse |  |
|  |  |  |  |  |  |
| Missing from home |  | Sexting |  | Trafficking  |  |
|  |  |  |  |  |  |
| Missing in education  |  | Substance abuse |  |  |  |
|  |  |  |  |  |  |
| Child Looked After |  | Peer on Peer Abuse |  | Sexual Harrasment  |  |
|  |  |  |  |  |  |
| Weapons |  | Drug/Substance Abuse |  | Periods of Absconding |  |
|  |  |  |  |  |  |
| Gangs and Youth Violence |  | Anti Social Behaviour/s |  | Domestic Violence (Child or Parent/Carer) |  |
|  |  |  |  |  |  |
| Self Harming |  | Traumatic Event/s |  | Eating Disorder |  |
|  |  |  |  |  |  |
| Bullying (victim/perpetrator) |  | School Refuser/Social isolation |  | Mental Health Concerns *(Low mood, Low self esteem, suicidal thoughts/attempts)* |  |
|  |  |  |  |  |  |
| EHE |  | Smoking cigarettes |  | Would consider a referral to help quit Offered – Accept? |  |
|  |  |  |  |  |  |
| Other |  |

 |

**Involvement of Other Agencies with Student and Family: -** *Please indicate if any of the following agencies are, or have been involved with the student/family*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cluster/ HUB Support |  | Sad Events Team |  | Forward Leeds *(Drugs & Alcohol)* |  |
|  |  |  |  |  |  |
| Youth Offending Services |  | MACE |  | Child and Adult Mental Health Service *(CAMHS)* |  |
|  |  |  |  |  |  |
| TAMHS |  | MindMate (Front Door) |  | Multi Systemic Therapy *(MST)* |  |
|  |  |  |  |  |  |
| Sign Post |  | Get Away Girls |  | Blast |  |
|  |  |  |  |  |  |
| St. Giles Trust |  | Barca Leeds |  | Shine |  |
|  |  |  |  |  |  |
| Other: |  |

 |

**If you have ticked any of the above, please complete the following for each area. A separate sheet / file can be emailed on request if needed.** *(Details should be about the main person responible for working with the family / student.)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|

|  |  |
| --- | --- |
| Agency Name |  |
|  |  |  |  |
| Contact Name |  |
|  |  |
| Telephone |  | Direct Line or extension |  |
|  |  |
| Email Address |  |
|  |  |
| Start Date |  | End /Review Date |  |
|  |  |  |  |
| Outcome/Impact of involement of agency |
|  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Agency Name |  |
|  |  |  |  |
| Contact Name |  |
|  |  |
| Telephone |  | Direct Line or extension |  |
|  |  |  |  |
| Email Address |  |
|  |  |
| Start Date |  | End /Review Date |  |
|  |  |  |  |
| Outcome/Impact of involement of agency |
|  |

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|

|  |  |
| --- | --- |
| Agency Name |  |
|  |  |  |  |
| Contact Name |  |
|  |  |
| Telephone |  | Direct Line or extension |  |
|  |  |  |  |
| Email Address |  |
|  |  |  |  |
| Start Date |  | End /Review Date |  |
|  |  |  |  |
| Outcome/Impact of involement of agency |
|  |

 |

**NB Please copy additional copies of this page if needed**

**End of Passport – the following section is to be completed by Southway staff at the contract meeting**

**Contract Meeting at Southway**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** |  | **Date of Meeting:** |  |
| **DOB/Year Group:** |  | **Last Known School:** |  |
| **On roll date:** |  | **Group**  |  |
| **Free School Meals** | Yes q No q | **Smokes cigarettes** | Yes q No q |
|  |  |  |  |
| **Those Present At The Meeting:** |
|  |
|  |
| **Details of Agreed Timetable and Assessments:**  |
| Progression | q | New Way (Progression) | q |
| Intervention | q | P/T - Info | q |
| Assessments day 1 – Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assessments day 2 – Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assessments day 3 – Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |
| **Key Issues/Concerns:** |
| Defiance q Fighting q Knife crime q General notes:Verbally Abusive q Known to Police q Absconding q Anger issuesqAssaulted staff/students q Refusal q |
|  |
|  |
| **Transport Arrangements: (Car/Bus/Walk/Cycle? If transported, by who?)** |
|  |
|  |
| **Review Schedule: First day arrangements for MAT worker** |
| All reviews are termly and take place in the last week – Parent/Carer/School + Student to attend |
| Pickup from home/time  | q | Taxi bringing in/time | q | Getting dropped off/time | q | Other | q |
|  |
| **Key Contacts:(Relatives; School; Southway Keyworker)** |
| D Millar |  | C Bradney |  | L Jones-Cohen |  | K Lockwood |  |
|  |
| Advised Adrian of details in preparation for Baseline Assessments Yes o - No o |

**Parent/carer consent**

*Please delete any statements and initial where a parent/carer has not given permission*

**Transport:**

From time-to-time students may be able to access off-site trips or educational visits, during the school day. These are usually conducted using one of the school’s own mini-buses. **You will always be informed in advance of these events**. I consent to a designated member of staff transporting my child to an offsite activity as part of their curriculum offer or as a reward.

**Emergency Transport:**

In the event that my child needs to be transported home, I consent to a designated member of staff transporting my child home. The member of staff will have been granted approval by a member of the senior leadership team and they will be accompanied by a second member of staff.

**Publicity material:**

As part of the Southway policy to showcase and share the learning experiences of its students, photographs/video footage may be used as evidence of your child’s work for display/publicity purposes. I grant permission for photograph/video footage of my child to be taken and or to be used as part of the positive publicity for Southway.

**Acceptable IT usage statement:**

The computer system is owned by the school and is made available to students, to further their education and to staff, to enhance their professional activities including teaching, research, administration and management. The school’s acceptable internet use guidelines have been drawn up to protect all parties – the students, the staff and the school.

The school reserves the right to examine or delete any files that may be held on its computer system or to monitor any internet sites visited.

* Access must only be made via the authorised account and password. Which must not be made available to any other person.
* All Internet use should be appropriate to student’s education.
* Activity that threatens the integrity of the school ICT systems, or that attacks or corrupts other systems is forbidden.
* Sites and materials accessed must be appropriate to work in school. Users will recognise materials that are inappropriate and should expect to have their access removed.
* Users are responsible for e-mails they send and for contacts made that may result in e-mail being received.
* The same professional levels of language and content should be applied as for letters or other media, particularly as e-mail is often forwarded.
* Posting anonymous messages and forwarding chain letters is forbidden.
* Copyright of materials and intellectual property rights must be respected.
* Legitimate private interests may be followed, providing school use is not compromised.
* Use for personal financial gain, gambling, political purposes or advertising is forbidden.
* **Students must only use their own username and password**.

\*I understand and agree to support the key statements outlined in this document. I agree to follow the rules for responsible internet use as set out in this document. I understand and support the smoking statement/expectations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | *Parent/ carer* |  | Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Print: |  | *Parent/ carer* |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed/Print: |  | *Student* |  | Date: |  |

**Data Protection:**

Southway shares information on our students and their families strictly in accordance with our Privacy notices which appear on our website. Your signature on this agreement acknowledges your permission for this to take place.

South Leeds Youth Hub, Middleton Road, Belle Isle, Leeds. LS10 3JA

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