**Wakefield Primary Inclusion Panel**

Request-for-support form 2021-22 Version 1.6

Please complete this form when making a request for support from the Wakefield Primary Inclusion Panel, including where preventative support is sought as well as instances where a pupil is at risk of exclusion or has been excluded. The form should be completed by the pupil’s current or their most recent mainstream school.

Before submitting this form, please ensure all relevant information has been gathered, including input from the Headteacher, Inclusion Lead, SENDCo and Class Teacher, views from the pupil, parents / carers, and other relevant agencies (for example, the Virtual School and Social Worker if the child is in care). *Please note, your form will be returned to you without action if it is not completed in full with parent/carer consent included.*

Completed forms should be saved in the format ‘name of school\_pupil initials\_R4S’ , password protected (ideally via cryptshare) and sent to: inclusionpanels@wakefield.gov.uk

**Part 1: About the pupil**

Please use this section to provide some background information about the pupil for whom support is being requested.

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| **Pupil details** |
| **Pupil name** |  |
| **Date of Birth** |  | **UPN** |  |
| **Current School** |  | **School year group** |  |
| **Gender** |  | **Ethnicity**  |  |
| **Name of key adult/s with parental responsibility** |  | **Contact telephone & email details for named key adult/s** |  |
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| **Pupil characteristics** |
| **Eligible for Pupil Premium?** | □ Yes□ No |
| **In receipt of free school meals currently?** | □ Yes□ No |
| **Level of involvement with early help / children’s social care** | Current level of involvement□ None□ Early Help CFH□ Child in need□ Child protection plan□ Child in care | Previous highest level of involvement□ None□ Early Help CFH□ Child in need□ Child protection plan□ Child in care |
| **Special educational Needs & Disabilities (SEND) status** | □ No identified SEND□ One Page Profile□ Raised with EP/WISENDSS at planning meeting by SENDCo. Date of meeting/s:□ My Support Plan□ Education, Health & Care Plan (EHCP) |
| **If the pupil has identified SEND, what is their primary, secondary, and any additional need?** | Pupil’s primary need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pupil’s secondary need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any other needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **We do not usually provide AP placements for pupils with EHCPs, but can consider them for other interventions. Please tick and complete:** | □ No EHCP applied for or agreed□ EHC needs assessment has been requested and is awaiting a full responsePlease note that pupils with EHCPs will not usually be considered by the Inclusion Panel for AP placements, unless there are exceptional circumstances and SENART supports this□ EHC needs assessment has been agreed and is in place□ EHC needs assessment has been refusedIf the pupil currently has an EHCP, and you are applying for an AP placement, please outline briefly why you believe that this is an exceptional case and should be considered by the Inclusion Panel: |
| **Does the pupil speak English as an additional language?** | □ Yes□ NoPlease provide details of any language needs the pupil may have.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has the pupil previously been referred to the Wakefield Primary Inclusion Panel and/or fair access?** | □ Yes□ NoIf yes, please provide details (date, request made & decision).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Pupil’s education history**Please use this space to give details, where they are known, about the schools (primary, secondary, special) and any other settings (e.g. placements in AP) that the pupil has attended previously. Where possible, please give details of the reasons for any moves. Please add more rows as necessary. |
| **School / setting name** | **School / setting type or phase** (primary, secondary, special, AP) | **Date started attending school / setting** | **Date stopped attending school / setting** | **Reason for move** (if known – e.g. parental decision, family move, standard transition point, short-term placement, managed move) |
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**Part 2: Current learning and support**

Please use this section to provide some information about the pupil’s current learning, identification of any barriers to learning, and support that has already been put in place from within the school and from other agencies.

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| **Profile of current learning** |
| **What is the pupil’s attendance?** |

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| --- | --- | --- |
|  | % | Notes |
| Academic YTD |  |  |
| Previous academic year |  |  |

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| **What are the pupil’s current age-related attainment levels?****All areas of this table are required information.** |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Well below** | **Below** | **At** | **Above** | **Well above** | **Reading Age in yrs & mnths or Reading standardised score**  |
| **Reading** |  |  |  |  |  |  |
| **Writing**  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |
| **Speech, language and communication** |  |  |  |  |  |

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| **Is the pupil experiencing any specific barriers to learning?** How have these been identified? |  |
| **Are there any other relevant factors relating to the student’s home and family life of which the Panel should be aware?** |  |
| **Has the pupil received fixed-period exclusions in the past?** | □ Yes□ No□ Not knownIf the pupil has received fixed period exclusions in the past, please provide details where you have them about the number of days for which the pupil has been excluded for this and the preceding academic years. (Please add more rows if required.)□ Current academic year (2021/22), Number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Academic year 2020-21, Number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Academic year 2019-20, Number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If the student has received fixed period exclusions in the past, please use the space below to explain what recent exclusions have been for and any trends or patterns in the incidents leading to the fixed period exclusions.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **What support has been put in place to overcome identified barriers to learning at each of the following three levels?**Please provide details of the support that has been put in place. Please be specific about the interventions put in place, the timescales for these interventions, how they have been evaluated, and the effect they have had. Please refer back to an assessment framework or tools that have been used to identify a pupil’s needs, and to plan and assess the support they may need. Including specific information about interventions at each level of the continuum of inclusion – mainstream, mainstream plus, targeted support – this will help the Inclusion Panels to make fair, equitable and consistent decisions about the additional support that pupils may require. |
| **Mainstream support**Please detail what support has been put in place in terms of the school’s core offer of quality first teaching, differentiation, in class support. | Detail of mainstream support |
| **Mainstream plus support**Please provide details of any additional in-school inclusion support. | Detail of mainstream plus support |
| **Targeted support**Please provide details of any support sought from external agencies to support the inclusion of the pupil. Use the space for any extras.(If the child is in care, please attach their Personal Education Plan (PEP) and ensure consent is received from all appropriate parties) |

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|  | Start date | End date  | Notes |
| Educational Psychologist  |  |  |  |
| WISENDSS |  |  |  |
| WESAIL |  |  |  |
| YOT |  |  |  |
| Future in Mind |  |  |  |
| CAMHS |  |  |  |
| EIT |  |  |  |
| CFiT |  |  |  |
|  |  |  |  |
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| **Has the pupil previously been referred to Team Around the School?** | □ Yes: TAS Meeting Date: Please give details of outcomes: |
| □ No: Please summarise why not: |

**Part 3: Details about the support requested**

In this section, please provide details about why you are seeking support for the pupil in question, what support you consider that the pupil needs, and what the successful outcome of that support would be.

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| **Reasons for the request for support from the Panel** |
| **Details of the professional requesting support.** | Name:School / organisation:Role: Contact details including email: |
| **Reasons for referral**.See our Menu of Support for more detailsPlease tick any of the following that apply. | □ Seeking general/support advice from Panel□ Seeking targeted outreach support: CFiT□ Seeking targeted outreach support: EIT□ Seeking WISENDSS bespoke support (you should have used your SEND planning meeting as the initial point to request WISENDSS involvement)□ Seeking family support □ Seeking short- or medium-term placement in AP for the pupil (please note that we cannot offer AP to pupils with an EHCP. In all cases, if AP is allocated, the school will remain responsible for the transport of the pupil)□ To extend an existing AP placement□ Seeking other support, please provide details below: |

**Part 4: Views from pupil/ parents / carers, the school and other partners**

In this section, please provide any further views from parents or carers, the school and other partners involved with the family that may be relevant to the Panel’s consideration of this request for support.

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| **Views relevant to this request for support** |
| **Views from the pupil** |  |
| **Views from parents or carers** |  |
| **Views from the school** |  |
| **Views from other professionals working with the family** |  |

**Part 5: Parent/Carer Consent. *Ideally, this should be in writing via direct signature or email agreement. You MUST include the name of the parent/carer and the date and time the agreement was given. Please ensure that the parent/carer has had sight of our privacy notice as part of the agreement process.***

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| **Parent / Carer Agreement** |
| The information contained in this form will be used to inform the decisions of the Wakefield Primary Inclusion Panels. It will be used and stored securely and in line with Wakefield Metropolitan District Council’s policy on data security. By signing this form you consent to these details and this case being shared with the members of the Wakefield Inclusion Panels. You also consent to this information being shared with Local Authority Advisors/Support Workers as allocated by the Panels, to enable timely and fully informed support, and to this work going ahead with your child without further delay. Please refer to the attached Privacy Notice for further information.Please note that if your child were to be offered a temporary Alternative Provision placement, further agreement would be sought from you before your child’s placement could commence.  |
| **Name of parent / carer (print)**  |  |
| **Relationship to the pupil** |  |
| **Telephone number**  |  |
| **Email address** |  |
| **Parent/carer signature OR date and time of email/verbal consent given** |  |
| **Date** |  |
| **School confirmation that the Inclusion Panel’s Privacy Notice has been provided to the parent/carer as part of the agreement process (school to tick and sign)** |  |

**Part 6: Panel Decision (to be completed following a Panel discussion)**

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| **Decision of the Panel** |
| **Type of support / placement agreed** |  |
| **Aim of the support / placement** |  |
| **Proposed duration of the support / placement – how long should this last and when will it be reviewed?** |  |
| **Mainstream school that will be responsible for overseeing the placement** |  |
| **Date decision was taken by Panel** |  |
| **Date for review of support / placement agreed** |  |

**Version**: v1.6

**Date drafted**: Aug 2021 to reflect evolving Primary Inclusion Panel requirements and member feedback

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***Please ensure that parents/carers have had sight of our Privacy Notice. The Privacy Notice is as follows, and can be, for example, pasted into an email to parents.***



**Inclusion and Alternative Provision Privacy Notice**

Here at Wakefield Council, we take your privacy seriously and will only use your personal information for the purpose(s) listed in section 2 below. This notice provides details of how the Council collects and uses information (data) about you.

We will keep your information (data) secure at all times.

**1. Who we are.**

a) The Controller for the information we hold is Wakefield Council. Contact details:

Telephone: 01924 306112

Email: dataprotection@wakefield.gov.uk

b) If you have any queries regarding your information that we are using for the purpose outlined in section 2, please contact the Controller’s representative. Contact details:

Abi Mulligan, Service Manager Alternative Provision

Telephone: 01924 302410

Email: amulligan@wakefield.gov.uk

c) The Council’s Data Protection Officer is the Corporate Information Governance Team Manager: Contact details:

Telephone: 01924 306112

Email: dpo@wakefield.gov.uk

**2. How we use your data:**

Our teams need to collect the following information about you/your child:

* personal information (name, UPN, contact details, date of birth, gender, school and year group, gender, ethnicity, parent/carer name(s) and contact details)
* school attendance, learning and support
* details of special educational needs and disabilities
* details of children’s social care need
* information about physical or mental health

We also obtain personal information from the following sources:

* schools and settings currently or previously attended

We use this information to:

* identify your child/young person’s special educational needs
* clarify the child/young person’s needs
* identify the support that is in place and what they may require to help them
* identify your child’s access to education
* to identify you and your child’s views
* enable coordinated working with other teams and organisations

To enable us to provide our service to you we will share your information with:

* Inclusion and Alternative Provision Panel Members
* Support teams allocated to work with your child/young person within Wakefield Council and other organisations during and following the Inclusion Panel date. This could include; Inclusion and Assessment Services, Education Psychology Services, Wakefield Inclusion Special Educational Needs and Disabilities Support Service, Wakefield & Ethos Pupil Referral Units, Delta Elland Alternative Provision, Early Help, Social Care and Youth Services.
* We will share personal information with law enforcement, health or other authorities if required by applicable law.

Should you decide not to provide any of the information we request from you, the services listed will be unable to work with your child/young person.

**3. What authority does the Council have to collect and use this information?**

We collect and use this information on the basis of consent. If we need to collect special category (sensitive) personal information, we rely upon reasons of substantial public interest (equality of opportunity or treatment), for social security or social protection law, and for the establishment, exercise or defence of legal claims whenever courts are acting in their judicial capacity.

 **4.** **How long will we keep your data?**

We will keep children and young people’s information in an active file from the date of referral until the involvement ceases. At this point the information will be retained in a closed file for 35 years if the child/young person has an Education, Health and Care Plan or Statement. For all other children/ young people records will be retained for 25 years.

If a service is allocated at Inclusion Panel they will issue a copy of their privacy notice detailing the retention period for their service.

**5. Your rights and your personal data**

Under the General Data Protection Regulations (2018) you have the following rights:

**Right of Access**

You have a right of access to the personal information that the Council holds about you, and/or the right to be given a copy of the data undergoing processing.

**Right to Rectification**

You have the right to request that the Council corrects any personal data if it is found to be inaccurate, incomplete or out of date.

**Right to Erasure**

In certain circumstances, you may have the right to request your personal data is erased.

**Right to Restriction of Processing**

You have the right, where there is a dispute in relation to accuracy or lawfulness of processing of your personal data, to request that a restriction is placed on further processing.

**Right to Object to Processing**

In certain circumstances, you may have a right to object to the processing of your personal data.

**Right of Complaint**

You have a right to lodge a complaint with the Information Commissioner, please find contact details below.

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113 (local rate) or 01625 545 745 if you prefer to use a national rate number

To exercise any of your rights, you should contact the Data Controller’s representative as shown in section 1b.

**6. Further processing**

If we wish to use your personal data for a new purpose, not covered by this Transparency Notice, then we will provide you with a new Transparency Notice explaining this new use prior to commencing the processing and setting out the relevant purposes and processing conditions.