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| **rHONDDa cynon taf**  **Access and Inclusion Service** |  |
| **Specialist Placement Request**  **(SPR 1 – EPS / Specialist Teacher) – October 2018** | |

**Please Note:** Failure to complete relevant sections of the application and lack of supporting evidence may result in the application being returned for completion. Return to **Access & Inclusion Service, Ty Trevithick, Abercynon, CF45 4UQ.** [**SENAS@rctcbc.gov.uk**](mailto:SENAS@rctcbc.gov.uk)

The purpose of this form is to provide information to Access & Inclusion to determine if an appropriate graduated response to meet Additional Learning Needs has been undertaken by the school. Should this be agreed, a further application (SPR2) will need to be submitted by the school in order for the pupil to be discussed at Specialist Placement Panel.

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| **How we use your personal information**  The information on this form (and any additional information attached) will be used by the Access & Inclusion Service to discuss your child and their additional learning needs in line with the Council’s legal duty under Section 321 of the Education Act 1996.  To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice here [[www.rctcbc.gov.uk/serviceprivacynotice](http://www.rctcbc.gov.uk/serviceprivacynotice)](http://www.rctcbc.gov.uk/serviceprivacynotice) and the Councils data protection pages here [www.rctcbc.gov.uk/dataprotection](http://www.rctcbc.gov.uk/dataprotection). |

**SPECIALIST PLACEMENT PANEL TO BE CONSIDERED FOR:**

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| **Specialist Placement** | **Date of Panel** | **Specialist placement** | **Date of Panel** |
| Placement Panel for pupils with Autistic Spectrum/Communication Disorders (ASD diagnosis essential) |  | SEN Panel - for pupils with Hearing Impairments |  |
| Placement Panel for pupils with Speech and Language Difficulites |  | Nurture Placement Panel |  |
| Placement Panel for pupils with Complex Learning Difficulties/Welsh Medium Complex Provision |  | Observation & Assessment Class |  |
| Placement Panel for pupils with Social Emotional and Behavioural Difficulties |  | EOTAS  (Individual/Group Tuition) |  |

**SECTION 1: PUPIL INFORMATION**

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| Pupil First Name: |  | | | Pupil Surname: |  |
| DOB: |  | | | Gender: |  |
| Parent(s)/Carer(s) Name: |  | | | Relationship to child: |  |
| Address (including postcode): |  | | | Code Of Practice Stage: |  |
| Home phone: |  | | | Mobile Phone Number: |  |
| School: |  | | | Mainstream/Learning Support Class: |  |
| Year Group: |  | Age: |  | First language | English / Welsh / Other (please specify): |
| Free school meals: | Yes/ No (please circle) | | | Is the pupil ‘looked after’? | Yes / No (please circle) |

**SECTION 2: NATURE OF PRESENTING STRENGTHS / DIFFICULTIES / NEEDS**

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| Main presenting needs:  (please attach further information if appropriate including pupil and parent’s views) |
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| Nature of Access and Inclusion Involvement / Graduated Response (in line with Service Delivery Model and Entry/Exit Criteria for Specialist Provision): |
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**SECTION 3: DECLARATIONS**

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| **Parent / guardian**  I am aware and I understand that my child will be discussed by the Access & Inclusion Service regarding a Specialist Placement request**.**  Please advise the Service if you would like your correspondence in Welsh or English | | | | | |
| Parent / guardian name: |  | | | Parent / guardian signature: |  |
| Date: |  | Additional notes: |  | | |

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| **Headteacher**   * I confirm that the information contained in this form (and any additional information attached) is accurate. * I have made the parent/guardian aware of: * how the personal data will be used to identify additional support if appropriate. * how they can access their information rights and further information via the Data Protection pages of the Council’s website. | | | | | |
| Head Teacher name: |  | | | Head Teacher signature: |  |
| Date: |  | Additional notes: |  | | |

**For office use only**

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| **Proceed to panel indicated?** | **Yes** |  | **No** |  |
| If no, further action required | | | | |

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| **Signature:** |  | **EP / Specialist Teacher** | **Date:** |  |
| **Signature:** |  | **Head of Service** | **Date:** |  |

***EPS/Specialist Teacher to attach most relevant documentation***

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| **Proceed to panel indicated?** | **Yes** |  | **No** |  |
| If no, further action required | | | | |