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| **Request for Enhanced Mainstream Provision from a School or Setting** |

***Please complete this form, including signatures; scan and submit electronically to*** ***sencasework@durham.gov.uk***

**Personal Details (all fields MUST be completed)**

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| **Name of child/young person:** |  |
| **Date of birth:** |  |
| **Address of child/young person:** |  |
| **Is the child looked after?** | Yes [ ]  No [ ]  |
| **Is this a protected address?** | Yes [ ]  No [ ]  |
| **Name of parent / carer:** |  |
| **Address if different to above:** |  |
| **Parent / carer telephone number:** |  |
| **Parent / carer e-mail address (preferable):** |  |
| **Current school setting:** |  |

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| **As well as this fully completed request form please also include:** |  |
| The previous 2 reviewed SEN Support Plans and the current SEN Support Plan demonstrating all relevant and purposeful provision. | [ ]  |
| Up to date Costed Provision Map  | [ ]  |
| Professional reports (within the last 3 years) that underpin current SEN and provision  | [ ]  |
| Optional: My Story, individual timetable  | [ ]  |

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| **Signed (referrer):**  |  | **Date:** |  |
| **Name of referrer:** |  | **Role of referrer:** |  |

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| **Signed: Head Teacher:**  |  | **Date:** |  |
| **Full name of Head Teacher:** |  |

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| **Yearly Academic Attainment** |
| **Delete as appropriate** | **Current****(xx/xx)**  | **Previous Term****(xx/xx)** | **Previous Term****(xx/xx)** |
| **Read & Comp ages (if known)** |  |  |  |
| **Reading****(KS 1 – 2)** |  |  |  |
| **Writing****(KS 1 – 2)** |  |  |  |
| **English****(KS 3 – 5)** |  |  |  |
| **Maths****(All KS)** |  |  |  |

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| **Attendance over last 3 years:** | **Current:**  | **Previous year:**  | **Previous year:**  |
| **Details of fixed term, permanent exclusions or part time timetables, managed moves or alternative provision over the last 3 years** |
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| **Why is the school seeking an EMP Place?** |
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| **Information about the child** |
| Tell us what you know about the child/YP: Tell us about the child’s/YP’s strengths: |
| Overview of Special Educational Needs:Cognition and Learning:Communication and Interaction:SEMH:Physical and Sensory: |
| Chronology of referral/advice received and Impact. |

**Parent/Carer/Child/YP Views**

If the child/yp can provide views verbally or by other means, please record their views. If not, please record the views of someone who can advocate for the child/yp e.g. parents, carers, social worker

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| **Things the child is good at, interested in or enjoys: (‘My Story’ could be attached in lieu)** |
| Child’s/ YP’s views: |
| Parent/carer views: |
| **Things that the child does not like or finds more difficult:** My Story’ could be attached in lieu) |
| Child’s/ YP’s views: |
| Parent/carer views: |

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| **As parents/carers what do you hope a place in an EMP will bring?** |
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**Privacy Notice**

Durham County Council complies with all relevant statutory obligations.  Personal information processed by the Council will be handled in accordance with the Council’s privacy statement, which can be accessed here <http://www.durham.gov.uk/dataprivacy>

The SEND privacy notice provides more specific information on the data collected and how it is handled, a copy of which can be accessed here <http://www.durham.gov.uk/media/24795/Privacy-notice-special-educational-needs-support/pdf/PrivacyNotice-SpecialEducationalNeedsSupport.pdf>

If you have any concerns about how your data is handled, please contact either the Data Protection Officer at DPO@durham.gov.uk  or the Information Commissioner’s Office casework@ico.org.uk.

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| **I/we agree to the request of an EMP Placement:** |  | **Date:** |  |
| **Signed:****(parent/carer):** |  | **Signed (young person):** |  |