2024



**Ardmore House – Application for Short-Term Placement at Ardmore House (SS2 Referral Form)**

Please complete referral form as fully as possible with all the relevant documentation

**Note: The Two most recent IEPs / PLPS are essential**

**General Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***School Name:*** |  | ***Telephone:*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***SENCo / School Contact:*** |  | ***Email:*** |  |

**Child’s Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Forenames:*** |  | ***Surname:*** |  |

|  |
| --- |
| ***Address: (include postcode)*** |
|  |

|  |  |
| --- | --- |
| ***Date of Birth:*** |   |

|  |  |
| --- | --- |
| ***Gender:*** | Male / Female / Other |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Form / Class:*** |  | ***Key Stage:*** |  |

|  |  |
| --- | --- |
| ***Looked After Child (LAC)?*** | Yes / No |

|  |  |
| --- | --- |
| ***Looked After Status:*** | Foster Care / Residential / Respite Care |

|  |  |
| --- | --- |
| ***Key Worker Details:*** |  |

|  |  |
| --- | --- |
| ***Child Protection Register*** | Yes / No |

|  |  |
| --- | --- |
| ***Care Order in Place*** | Yes / No |

|  |  |
| --- | --- |
| ***Social Services Involvement*** | Yes / No |
| If yes please give name, address and contact number of social worker(s) involved. |

**Contact details of person with parental responsibility:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Forenames:*** |  | ***Surname:*** |  |

|  |
| --- |
| ***Address: (include postcode)*** |
|  |

|  |  |
| --- | --- |
| ***Telephone:*** |  |

**Referral Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Code of Practice:*** | **2** | **3** | **4** | **5 –** Attach Statement |

|  |  |
| --- | --- |
| ***Primary Need:*** |  |

|  |  |
| --- | --- |
| ***Other Needs:*** |  |

|  |  |
| --- | --- |
| ***Additional Adult Assistance provided?*** | Yes / No |
| If yes, please provide all necessary details: name, hours allocated, hours being used… |

|  |
| --- |
| ***Reason for Referral:*** |
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| --- |
| ***Strategies used to date:*** |
|  |

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| --- |
| ***Responses to strategies used:*** |
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| --- | --- |
| ***Has a Risk Assessment been carried out?*** | Yes / No (if Yes, this must be attached) |

|  |  |
| --- | --- |
| ***Has a Risk Management Plan been devised and implemented?*** | Yes / No |

|  |
| --- |
| The following behaviours may put staff and pupils at risk.Please indicate if there has been any occurrence of the following and provide details. If the answer is yes to any of the below, a full risk management plan must be enclosed. |
| ***Threats/Violence against staff*** | Yes / No |  |
| ***Threats/Violence against pupils*** | Yes / No |  |
| ***Damage to property*** | Yes / No |  |
| ***Making allegations against staff*** | Yes / No |  |
| ***Absconding from school*** | Yes / No |  |
| ***Bullying of others*** | Yes / No |  |
| ***Self-harm*** | Yes / No |  |

|  |  |
| --- | --- |
| ***Has pupil been suspended?*** | Yes / No |

|  |  |
| --- | --- |
| ***Has the pupil had multiple suspensions?*** | Yes / No |

Please include suspension list – details, dates, duration

|  |  |
| --- | --- |
| ***Attendance Concerns?*** | Yes / No / EWS (Education Welfare Service) |

|  |  |
| --- | --- |
| ***Is pupils’ attendance below 85%?*** | Yes / No  |
| If yes, provide date as to when a referral was made to EWS and details of Educational Welfare Officer involved. |

|  |  |
| --- | --- |
| ***Most recent school report attached?*** | Yes / No |

|  |  |
| --- | --- |
| ***Referral to other Board Services?*** | Yes / No |
| Please give details: |

|  |  |
| --- | --- |
| ***Has the pupil been receiving Outreach Support?*** | Yes / No |

|  |  |
| --- | --- |
| ***Date Outreach Support started:*** |  |

|  |
| --- |
| ***Effectiveness of Outreach Support?*** |
| Please give details: |

|  |  |  |
| --- | --- | --- |
| ***Has the pupil attended Ardmore House Previously?*** | Yes / No | Date(s): |
| Please give details of how the specific recommendations from the reintegration report were implemented and their effectiveness: |

**Learning Assessment:**

|  |
| --- |
| ***Please note tests administrated and outcomes*** |
| ***Reading (Accuracy/Comprehension)*** |  |
| ***Spelling*** |  |
| ***Cognitive*** |  |
| ***Numeracy*** |  |
| ***Other*** |  |

|  |  |
| --- | --- |
| ***Additional Comments:*** | Child Protection / Mental Health Concerns, etc… |
| Please give details: |

|  |
| --- |
| ***Any other factors that may have contributed to child’s presenting difficulties:*** |
|  |

**Signatures:** Written consent from parent / guardian is needed for a possible placement to be considered!

***School Principal:***

|  |  |
| --- | --- |
| School Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Parent / Guardian: (Parent or person exercising parental responsibility)***

I have read and discussed this completed form and agree to it being forwarded to the Outreach Support Team for consideration and possible placement.

|  |  |  |
| --- | --- | --- |
| Signed: | Print Name: | Date: |

**Checklist**

Use this checklist to ensure that your application for a Short-Term Placement at Ardmore House is completed correctly and any required/necessary additional information / documentation is included.

|  |  |
| --- | --- |
| **Documentation** | **Included** |
| Parental / Guardian signed consent on SS2 Form |  |
| Behaviour Report (SIMS) |  |
| Attendance Report (SIMS) |  |
| Risk Assessment (if necessary, especially if physical assault has occurred) |  |
| Two most recent IEPs / PLPs including behavioural targets, strategies and outcomes |  |
| Risk Management Plan |  |
| Statement |  |
| Most Recent School Report |  |
| Any necessary Child Protection Information |  |
| Suspension List |  |