**ADMISSION CONSIDERATION FORM 2024**

Elmtree Grove School offers full time education provision to learners with EHC plans, plans in process or where assessment for an EHC are needed. Whilst our learners share profile contributions including SEMH, those who have been through trauma, those who have diagnosis or traits of ADHD and ASD our placement offers are made once consideration of the current cohort has been fully explored. This form and professional reports allows us to assess the provision we can offer and the opportunity for success alongside the current learners and our ability to meet the needs of a prospective learner and support them to thrive.

We are committed to making this process as smooth and efficient as possible, please provide any additional information you believe would benefit the learner achieving success with us.

Alongside this form, please provide the EHC plan or draft as well as any Education Psychologist reports available for the learner dated within the last 18 months. If the current or most recent setting for the learner also has any risk assessments or equivalents this will further aid our ability to process the admission consideration.

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| --- | --- | --- | --- |
| Current School/Provision(s): |  | | |
| **Learner full name:** |  | | |
| School contacts:  Key contact at most  recent/current provision | Name | Email | |
| Class/Year Group |  | DOB  & Age as of 1st Sept 2024 |  |
| Address |  | Transport required or provided by LA  [If yes, please provide pick up postcode]  Transport cannot be guaranteed. | LA |
| Parent/EGS |

**Achieving education success:**

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| What is most important to the learner when thinking about School? |  |
| What are the top 3 interests of the learner? |  |
| What does the learner need to succeed in school? | |

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| **Learners URN:** | |  | | | | | | | | | |
| Local Authority responsible for education provision: | |  | | | | | | | | | |
| LAC | Yes | No | Early help | | Yes | No | FSM | | | Yes | No |
| CIN | | Yes | | No | | Social Worker: | |  | | | |
| EHCP | | Yes [Please provide a copy] | | | | No [Needed] | | | In progress | | |

**Key adults:**

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| --- | --- | --- |
| Primary Adult(s) contact  [Outside School – Parental responsibility]: | Name: | Relation to learner: |
| Main contact number: |  | |
| Email address: |  | |

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| --- | --- | --- |
| Family contact  [Outside School – Parental responsibility]: | Name: | Relation to learner: |
| Main contact number: |  | |
| Email address: |  | |

|  |  |  |
| --- | --- | --- |
| Family contact  [Outside School – Parental responsibility]: | Name: | Relation to learner: |
| Main contact number: |  | |
| Email address: |  | |

**Professionals:**

|  |  |  |
| --- | --- | --- |
| SEND Officer:  Name & email [If applicable] |  | |
| Social Worker:  Name & email [If applicable] |  | |
| Family Support Worker:  Name & email [If applicable] |  | |
| Other professionals/significant adults working with the learner: | |  |

**Education history:**

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| Last provision/school prior to current setting: |  |
| Dates attended: |  |
| Any previous education settings: |  |

When considering the learners current education experience:

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| What are activities/parts of the school routine that the learner enjoys? |  |
| What are the activities/times of the day that the learner finds more challenging? |  |

Behaviour data: *Please provide as much information as possible, using the notes page at the end of this form where appropriate.*

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| How many incidents of challenging behaviour have their been within the last term/6 weeks? |  | How many incidents of challenging behaviour have there been within the last 6 terms/academic year? |  |
| Has physical intervention been used with this learner? |  | If yes, on how many occasions has the learner been supported physically [excluding guides] |  |
| Has the learner been suspended from their most recent provision? |  | If yes, on how many occasions has the learner received a suspension? |  |
| Is the learner on a reduced timetable? |  | If yes, please enter how many hours per week the learner is attending school: |  |
| Approximately how many hours per week is the learner able to engage in a whole class experience? |  | How many hours per week does the learner participate in lunchtime/breaktime play with peers? |  |
| Please provide information about the current education experience the learner is having, details of the reduced timetable, interventions etc. *If any of the interventions are likely to continue alongside Elmtree please indicate.* | | | |

**Medical & Allergy information:**

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| --- | --- |
| Allergy information:  *Please provide information regarding food and medical allergies including for example, plasters.*  *Risk assessment and a medical care plan may be required.* |  |
| Medical information  *Please provide all information that supports the learner being safe and healthy whilst accessing education.* |  |
| Medication required during school hours of 9am – 3pm?  [If Yes, please provide information] |  |
| Accessibility information: |  |

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| --- | --- |
| Other key adults supporting the learner/family |  |
| Email address(es): |  |

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| --- | --- | --- |
| Please provide a copy of any risk assessment(s) completed for the learner to engage in education, please tick the box to confirm risk assessments have been provided with this referral. | |  |
| Please provide information regarding other Schools/Provisions who have been consulted about providing education for learner. |  | |

**Family support:**

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| Please provide details of any additional support the family may need to access the family elements of Elmtree learner partnerships. |
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Please sign to confirm permission has been secured to provide EGS with these contact details for the purposes of facilitating the consultation for the learner and ensuring the families and young people are kept safe.

Signed: Date: