

## Post Primary Behaviour Support & Provisions (PPBSP)

### EOTAS Placement Consideration

#### *Request for EOTAS Placement Consideration*

Complete the referral form below if seeking consideration for pupil placement.

<b>Referrer's Name:</b>		<b>Role:</b>	
<b>School Name &amp; Address:</b>			
<b>Contact Number:</b>		<b>Date:</b>	
<b>Email:</b>			

**Referral requests for EOTAS Placement Consideration should include at least two copies of the Pupil's Learning Plan (PLP), with outcomes, and supporting Educational Psychology Service Consultation documentation.**

#### **Pupil Information**

<b>Pupil Name:</b>		<b>Child Protection Register:</b>	Yes / No
<b>Gender:</b>		<b>Child In Need:</b>	Yes / No
<b>DOB:</b>		<b>Child Looked After:</b>	Yes / No
<b>Year Group:</b>		<b>Newcomer</b>	Yes / No
<b>FSM:</b>	Yes / No	<b>Traveller/ Roma:</b>	Yes / No
<b>Stage of Code Practice:</b>		<b>Refugee Status:</b>	Yes / No
<b>Current Attendance %</b>		<b>Ethnicity:</b>	
<b>Attendance (Last Academic Year)%</b>		<b>CAMHS Involvement:</b>	Yes / No
<b>Does the Pupil have a diagnosis Autism Spectrum Disorder?</b> <i>(If Autism is primary need, pupils will not allocated an EOTAS placement)</i>			Yes / No
<b>Has a referral been made to any other EA Services/ external agencies for this pupil? (Detail below)</b>			Yes / No

Service/Agency	Lead Contact	Contact Details	Date Commenced
<i>Eg: Social Services, Youth Justice</i>			



Has this request come from an Annual Review or multi-disciplinary meeting?			Yes / No
Name of PPBSP officer that attended Annual Review/ multi-disciplinary meeting:			
Risk Reduction Action Plan Attached?	Yes / No	Has a Risk Assessment been carried out?	Yes / No

Outline the pupil's strengths in the space below:

Outline the nature and severity of the pupil's current presenting needs in the space below:

### Referral Information

Referrals for consideration of an EOTAS placement should identify which **one** of the below criterion is relevant to the pupil being referred and outline how this is met. Decisions about placement requests are made by the PPBSP EOTAS Panel.

1. Pupil requires a period of intensive support beyond the level of EA Support Services intervention already accessed	<input type="checkbox"/>
2. Risk of pupil's school placement breaking down	<input type="checkbox"/>
3. Supporting a pupil to re-integrate to their registered school placement	<input type="checkbox"/>
4. Pupil has been expelled	<input type="checkbox"/>
5. EOTAS placement is a recommendation within a Comprehensive Educational Psychology Report	<input type="checkbox"/>

Outline how the referred pupil meets the selected criterion in the space below:



Parent/Guardian Details			
Parent/Guardian Name:		Contact Number:	
Home Address:			
Joint Residency:	Yes / No		
Has the Parent/Guardian been informed or involved in strategies implemented in advance of making this referral to Post Primary Behaviour Support and Provisions?			Yes / No
<i>Outline parental views below:</i>			
Has there been engagement with the pupil in advance of making this referral Post Primary Behaviour Support and Provisions?			Yes / No

Outline below the pupil's views/ desired outcomes from the referral:

--

Pupil Signature:

Date:

Pupil Address: (if different from Parent/Carer)

### Additional Information

List below any additional relevant paperwork included with this referral and include evidence of previous PPBSP involvement:

--

Name of PPBSP officer this referral was discussed with:

PPBSP involvement report attached?

Yes / No

Name of Educational Psychologist this referral was discussed with:

Educational Psychology Consultation report attached?

Yes / No

Extract from Annual Review/ multi-disciplinary meeting?

Yes / No

Name of SEN Officer: (Stage 5)

**School Information**

**School History (Primary Schools and other Post Primary Schools, reason for leaving)**

Has the Pupil Been Suspended? (If YES provide further details below)			Yes / No
Year	Number of Episodes	Total Number of Days	Reasons for Suspension

**Detail reasonable and purposeful measures implemented to date, along with outcomes:**

Intervention:	Lead By:	Outcomes:	Next Steps:

Please provide details of courses studied/intended to study and level:

Subject	Level	Exam Board	Coursework/ Modules/ Exams Completed	Expectation of Continuing Subject	Target Grade	Current Attainment

Please provide detail of pupil interest in occupational studies courses (if year 10)

Pupil is enrolled for vocational course at local college/ training provider?	Yes / No
--	----------

Please include course details and arrangements:

Pupil has a work experience arranged? <i>(If YES provide further details below)</i>	
---	--

**Please provide details of special educational needs and/or diagnosis:**  
*(It should be noted that a pupil at Stage 5 needs approval from Department of Education to access an EOTAS placement and an amendment made to their statement. Please contact the EA Statementing officer to seek advice.)*

Stage of Code of Practice		<i>(If pupil has a statement, please include a copy).</i>
Cognition and Learning		Yes / No
<i>Social, Behavioural Emotional and Well-being</i>		Yes / No
<i>Speech, Language and Communication Needs</i>		Yes / No
<i>Sensory</i>		Yes / No
<i>Physical Needs</i>		Yes / No
<i>Medical Diagnosis (give details below)</i>		Yes / No

**Please provide details of Behaviour Support at Primary School or Key Stage 3 or additional information.**



### Overview of Pupil Case

#### Please identify key areas of concern for this pupil

*What are the desired outcomes for this pupil?*

*How will EOTAS make a difference to this pupil?*

### Preferred EOTAS Centre Placement

1.

2.

3.

### Signatures

School Referrer:

Role:

Date:

Date referral discussed and agreed with School Principal:

School Principal:

Date

Referring EA Officer: (if required)

Role:

Date:

Authorised by Line Manager:

Date:



**To Be Completed by Parent/Guardian**

By ticking this box and signing or typing my name in the field below, I confirm that the information on this referral form is accurate, and that I consent to this referral request for EOTAS placement consideration to support my child.

Parent/Guardian Signature:

Date:

The referral must be signed by a Parent/Guardian or the referral will not be heard by the panel.

**Post Referral Administration (Office Use)**

Date Referral received:

Date logged on Referral Database:

Panel Date:

Panel Outcome: