A picture containing logo

Description automatically generated

**Key Stage 4 EOTAS Application**

**Prior to submitting this application to the PPBSP portal** [**PPBSP.referrals@eani.org.uk**](mailto:PPBSP.referrals@eani.org.uk)

**please ensure that you are the referring member of staff from the pupil’s home school:**

1. Have read and understand the EOTAS application guidance. This has been sent to your Principal and is available on the C2K dashboard as well as the PPBSP website.

[EOTAS Placements for Pupils | SEND Plan (eani.org.uk)](https://send.eani.org.uk/support-services/behaviour-support-post-primary/eotas-placements-pupils)

1. Are aware that this application is for a **key stage 4** full time EOTAS placement. For pupils not registered in key stage 4 the appropriate referral form should completed.
2. Have consulted with the Assistant Advisory Officer from Post Primary Behaviour Support assigned to your school whose role it is to present this application to the EOTAS panel.
3. Recognise that applications which do not include **all** the threshold criteria cannot be thoroughly reviewed by the EOTAS panel and will be unsuccessful.

|  |  |
| --- | --- |
| **KS4 EOTAS Threshold Criteria** | **Completed**  **(Y/N** |
| All possible reasonable adjustments and interventions have been exhausted prior to this EOTAS referral. |  |
| A multi-disciplinary meeting was held in advance of this EOTAS referral. A member of Post Primary Behaviour Support was involved in this meeting which included school staff, EA services and any external agency supporting the pupil. The minutes of the meeting have been sent with this referral. |  |
| A recent fully completed Educational Psychology assessment or a school-based consultation is included with this referral andsupports referral to EOTAS. |  |
| A written parent / carer’s signature (not word processed) is recorded in the referral. |  |
| A written pupil signature (not word processed) is recorded in the referral. |  |
| A copy of the most recent learning plan specific to the pupil’s needs is included with reviews and adjustments, as required. |  |
| A copy of the most recent annual review if the pupil is statemented. |  |

|  |
| --- |
| **Statement of confirmation**  *I have read and understand the information above prior to submitting this application and have included all the required threshold criteria.*  Signed:  Position in home school:  Date of submission: |

**Key Stage 4 EOTAS Placement Consideration**

**Post Primary Behaviour Support & Provisions (PPBSP)**

***Request for EOTAS Placement Consideration***

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

*Form editing is restricted. Any additional information should be sent as a attachment.*

|  |  |  |
| --- | --- | --- |
| **Referrer Information** | | |
| **Referrer’s Name:** |  | **Role:** |
| **School Name & Address:** |  | |
| **Contact Number:** |  | **Date of BP1 submission:** |
| **Contact Email:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Information** | | | |
| Pupil Name: |  | DOB: |  |
| Gender: |  | Year Group: |  |
| Current attendance % |  | Child Looked After:  *Current living arrangements if CLA* | Yes / No |
| Previous year’s attendance % |  | On Child Protection Register: | Yes / No |
| Qualifies for FSM: | Yes / No |
| Current Timetable FT/ PT |  | If PT current agreed hours attending pw |  |
| Has this pupil been expelled? | Yes / No | Date of Expulsion if appropriate: |  |
| SEN Stage of Code of Practice:  Name of Statementing Officer (if allocated): |  | Does this pupil have a diagnosis of ASD?  If so are AAIS involved? | Yes / No |
|  | Yes / No |

***If Autism is the primary need, pupils should be referred to and supported by AAIS in the first instance. This must be recorded in order to request an EOTAS placement.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Which EA services are/were involved in supporting this pupil? *Add additional rows if required*** | | | |
| Service/Agency | Lead Contact | Contact Details | Date Commenced/  closed |
| *Eg: Ed. Welfare Service, Ed. Psychology, Post Primary Behaviour Support, Ardmore, SPSS, SARS, AAIS* | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Which external agencies are/were involved in supporting this pupil? *Add additional rows if required*** | | | |
| Service/Agency | Lead Contact | Contact Details | Date Commenced/  closed |
| *Eg: Social Services, CAMHS, Youth Justice, community groups, therapeutic supports, Barnardo’s, CLA team* | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***If a pupil is currently supported by mental health services at tier 3 or above evidence of agreement to this referral should be provided by their assigned mental health practitioner. Should the mental health practitioner feel the young person is unfit to attend group provision an application to ETA should be considered.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Special Educational Needs Information** | | | |
| **Please provide details of special educational needs and/or diagnosis:**  *(It should be noted that a pupil at Stage 3 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 | *(If pupil has a statement, please include a copy).* | | |
| Primary Identified Need |  | | |
| Cognition and Learning | | Yes / No | |
| *Social, Behavioural Emotional and Well-being* | | Yes / No | |
| *Speech, Language and Communication Needs* | | Yes / No | |
| *Sensory* | | Yes / No | |
| *Physical Needs* | | Yes / No | |
| *Medical Diagnosis (give details below)* | |  | |
|  | | | |
| Date of Statement or most recent annual review | | |  |
| Has a statement of additional needs or most recent annual review been attached? Yes / No | | |  |
| Has this request come from an Annual Review or multi-disciplinary meeting? | | |  |
| Name of PPBSP officer that attended Annual Review/ multi-disciplinary meeting | | |  |
| Name of Educational Psychologist this referral was discussed with | | |  |
| Date of Educational Psychology contribution to the Annual review | | |  |

|  |
| --- |
| **Additional Information Provided** |
| *List below any additional relevant paperwork included with this referral e.g. RRAP, EWS report, SPSS and Behavioural Support reports, minutes from MD meetings, CAMHS report, SW report, SIMS behaviour record, Statement* |
|  |

|  |
| --- |
| **Observations of Behaviour within School** |
| 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: |
|  |
| Outline how the referred pupil meets the selected criterion in the space below: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Details** | | | |
| Has there been engagement with the parent/ carer in advance of making this  referral to EOTAS? | | | Yes / No |
| Date of meeting during which parent consented to an EOTAS referral | | |  |
| 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 |
| Outline parental views below: Parent/carers should be offered the opportunity to have their views recorded. | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evidence of Parent / Carer Consent** | | | | |
| **By ticking this box and signing 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: |  | |
| A written signature must be obtained from the Parent/Guardian otherwise this referral cannot be presented to the panel. | | | | |

|  |  |  |
| --- | --- | --- |
| **Pupil Voice** | | |
| Has there been engagement with the pupil in advance of making this referral to  EOTAS? | | Yes / No |
| Date of meeting during which pupil consented to an EOTAS referral. | |  |
| Outline below the pupil’s views/ desired outcomes from the referral: The pupil should be offered the opportunity to have their views recorded. | | |
|  | | |
| Pupil Address: (if different from Parent/Carer) |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evidence of Pupil Consent** | | | | |
| **By ticking this box and signing my name in the field below, I confirm that I consent to this referral request for EOTAS and understand that I would attend EOTAS for my education if successful.** | | | |  |
| Pupil Signature: |  | Date: |  | |
| A written signature must be obtained from the pupil otherwise this referral cannot be presented to the panel. | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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). Add additional rows if required.* | | | Yes / No |
| *Year* | *Number of Episodes* | *Total Number of Days* | *Reasons for Suspension* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Interventions and Support** | | | |
| Detail reasonable and purposeful measures implemented to date, along with outcomes: *Add additional rows if required. Eg. RRAP, Boxall profiling, reduced timetable, counselling, key person support.* | | | |
| Intervention: | Lead By: | Outcomes: | Next Steps: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Academic Progress | | | | | | |
| 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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Vocational Studies *All pupils enrolled in KS4 EOTAS are entitled to support to engage in Vocational Studies*** | | |
| Is the pupil currently enrolled in a vocational course? | | Yes / No |
| If yes please include course details, provider, days of attendance and contact information of tutor. | | |
|  | | |
| Is the pupil currently enrolled in a vocational course for the next academic year? | | Yes / No |
|  | | |
| If yes please include course details, provider, days of attendance and contact information of tutor. | | |
|  | | |
| Pupil has a work experience arranged? *(If YES provide further details below)* | Yes / No | |
|  | | |

|  |  |
| --- | --- |
| **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 The needs of every pupil are carefully considered when allocating places within EOTAS centres. On occasion the requested centres may not be the most appropriate centre to meet the needs of a pupil. In this case options will be discussed with the multi-disciplinary team around the pupil. In addition to this, subsequent information not provided to the panel but acquired during induction meetings may highlight that the initially offered placement is not suitable. In these instances an alternative centre may be offered.** | |
| *1.* |  |
| *2.* |  |
| *3.* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accompanying Signatures** | | | |
| School Referrer: |  | | |
| Role: |  | Date: |  |
| Date referral discussed and agreed with School Principal: | | Date: |  |
| School Principal Consent: |  | Date |  |
| Referring EA Officer: (if required) |  | | |
| Role: (if required) |  | Date: |  |
| Authorised by Line Manager:  (if required) |  | Date: |  |

|  |  |
| --- | --- |
| **Post Referral Administration (Office Use)** | |
| Date Referral received: |  |
| Date logged on Referral Database: |  |
| Panel Date: |  |
| Panel Outcome: |  |