

**Request to Provision Panel for entry/exit of placement at Oakhill Resourced Provision**

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| --- | --- | --- |
| **Child’s Name:** | | **Date of Birth:** |
| **Educational Setting:** | | **NC Year:** |
| **Medical Diagnosis (if any known):** | | |
| **Lead Professional (this should be a member of staff at the child’s host school)** | |  |
| **Please highlight Child’s current SEN status** | | **SEN Support/EHC Plan \*please highlight/delete as appropriate** |
| **Persons involved/invited and/or who attended the meeting – this must include representative from the child’s school.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Designation/Role** | **Involved ✓** | **Invited ✓** | **Attended ✓** | **Report received prior to the meeting ✓** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
| **Evidence from designated setting of interventions through SEN Support including monitoring and evaluation of progress towards outcomes. Attach copy of SEN Support Plans.** | | |
| **What will the Resourced Provision provide to support achieving desired outcomes?** | | |
| **Attendance**  **Attendance for previous school year = \_\_\_\_\_\_\_\_\_\_\_\_\_%**  **Attendance this school year = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%**  **Please give details of significant periods/patterns of absence including EWO report for less than 85%.** | | |
| **Progress data:**  Please share school progress data. This **must** include at least 2 assessment points. | | |
| **Child’s Views:** | | |
| **Parent/Carers Views:** | | |
| **Transition Plan (how will the professionals involved manage the transition of the child through the change in setting).** | | |
| **Checklist – have you included All reports from included professionals – Y/N**  **(if there are reasons why not include this in the summary of the meeting** | | |
|  | **Signed:** | |
|  | **Designation (must be from designated school):** | |