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| bmbccolb | |  | | | | | | | SEN Asessment & Review Team use only: | | |
|  | | | | | | | Date Received | |  |
|  | | | | | | | | | | | |
| **Oakhill Communication and Interaction**  **Resourced Provision (CIRP)**  **Pupil Placement Request** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Child / Young Person’s Name:** | | | **Date of Birth:** | | | **NCY** | | **Current Educational Setting:** | | | |
|  | | | DD/MM/YYYY | | |  | |  | | | |
|  | | | | | | | | | | | |
| **Medical Diagnosis**  *(If Known)* | | | |  | | | | | | | |
| **Lead Professional**  *(A member of staff at the child’s host school)* | | | |  | | | | | | | |
| **Current SEN Status**  *(Please highlight/delete as appropriate)* | | | | None (N) / SEN Support (K) / SEN Statement (S) / EHCP | | | | | | | |
|  | | | | | | | | | | | |
| **Persons involved/invited and/or who attended/contributed to the meeting:**  *(this must include a representative from the pupil’s school)* | | | | | | | | | | | |
| **Name** | **Designation/Role** | | | | **Involved ✓** | | **Invited ✓** | | | **Attended ✓** | **Report received prior to the meeting *(attached)* ✓** |
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| **Attendance** | **Previous NCY** |  | **Current NCY** |  |
| *Please give details of significant periods/patterns of absence including appending any EWO reports for attendance of less than 85%* | | | | |
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| **Progress Data** *(This must include at least 2 assessment points)***:** |
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| **Summary of meeting discussion:**  *(This should include: Evidence from current setting of interventions through SEN Support including monitoring and evaluation of progress towards outcomes (e.g. SEN Support Plan, Provision Map)* |
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| **What will the CIRP provide to support achieving desired outcomes:** |
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| **Transition Plan***(how will the professionals involved manage the transition of the pupil to the new setting):* |
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| **Checklist:** *Have you included ALL reports from included professionals? If not, please give reasons why below:* |
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| **Child / Young Person’s and Parent/Carer’s Views:** |
| What is the child/young person’s views regarding a move to a CIRP placement?  What is the parent/carer’s views regarding a move to a CIRP placement for their child? |

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| **This form has been completed by:** |
| Name: Signature:  Position held: Date: |