**REQUEST FOR SHORT TERM ADDITIONAL RESOURCE (STAR)**

**Professionals completing this form are requesting that the Local Authority SEND Commissioning Panel considers allocating resources to support a block of short term intervention to eliminate or significantly reduce a special educational need.**

**When a school submits a request for STAR, the decision about whether to agree the request is based on provision of information that clearly indicates the school has used the £6,000 notional SEND budget to provide SEND support and that through exceptional circumstances and/or a lack of progress the school is seeking to provide an enhanced Local Offer of provision for a time-limited period.**

**The form, and its supporting evidence, will be considered at a Panel meeting where professionals from Education, Health and Social Care will decide whether the presented learner’s needs indicate that a time limited allocation of additional funds will likely have the desired impact.**

**It is ESSENTIAL that all evidence listed on the accompanying checklist is provided AT THE SAME TIME as the request form.**

This is a checklist of the essential and additional information needed to accompany an application for short term additional resourcing (STAR). The Panel will not consider the application unless ALL the information listed below as essential is included. Where the box is grey, the evidence will be presented within the paperwork named at the top of the column. So, for example, the rationale for requesting STAR is included within the request form.

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|  | **Essential Evidence** | **Request form** | **Appendix** |
| 1 | Completed request form, including parental consent (NB parental responsibility) |  |  |
| 2 | Parent/Carer views of the needs of the child/young person and the progress they are making |  | SEN Support Plan |
| 3 | Pupils views of their needs; the support they feel helps them and what more they need |  | SEN Support Plan |
| 4 | Rationale for requesting STAR |  |  |
| 5 | Attendance record for the past 12 months |  |  |
| 6 | Provision map/SEN Support plan showing:* 2 cycles of APDR
* The use of appropriate resources and equipment to access the curriculum
* Class/subject teacher planning demonstrating differentiation suitable to need and QFT
* advice/expertise from SENCO/specialist school based staff
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| 7 | Timetable of a typical week showing support provided and GROUP SIZE/Ratio |  |  |
| 8 | Any relevant and recent reports available from external specialist support agencies involved eg Educational Psychologist, Speech and Language Therapy, Physiotherapy, OT, CYPS, ASD/Behaviour specialists, Communication/Literacy/EAL specialists, Sensory Support specialists, Portage, EY Inclusion Team etc |  |  |
| 9 | For EY, involvement of an EY Inclusion Consultant |  |  |
| 10 | Evidence of tracked progress/attainment over time and how this differs from others of the same age |  |  |
| 11 | Reviews of SEN Support - must include intervention plans, evidence of progress, reports/minutes of a series of meetings held with family/learner. MUST include evidence of impact of interventions |  |  |
| 12 | Evidence of Early Help/Hub referrals with summary of areas of concern, if these have taken place |  |  |
|  | **Additional Information (as applicable)** |  |
| 13 | SUMMARY of behaviour log with analysis; triggers, strategies employed and effectiveness of behaviour plan in place |  |  |
| 14 | Individual Health Care Plan |  |  |
| 15 | If at risk of exclusion, evidence of graduated response as described by Inclusion Team |  |  |
| 16 | Relevant information relating to any identified Social Care needs |  |  |

Please ensure that all written documentation is submitted following information governance guidelines and is

* Signed, including designation
* Dated
* On headed paper if from an organisation, school, setting

Please ensure that parents/carers have received a copy of all information provided for panel, and that the application has been discussed with them, and signed to indicate informed consent.

NB Evidence in the body of an email will not be accepted, but reports can be submitted as attachments if compliant with bullet points above.

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| **SECTION 1** **Child/Young Person and Family Details** |
| **Family Name** |  | **Forename** |  |
| **Date of Birth** |  | **NC Year Group** |  |
| **Educational Setting** |  |
| **Date of admission** |  | **UPN** |  |
| **Home Language** |  | **Gender** |  |
| **Name of parents/carers currently living with child/young person** |  | **Telephone number** |  |
| **Relationship to CYP** |  | **Contact Email address** |  |
| **Home Address****inc postcode** |  |

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| **Is the child/young person Looked After (LAC)** | **Yes/No** |
| **Is the child/young person a Child in Need or subject to a Child Protection Plan?** | **Yes/No** |
| **If yes to either, responsible local authority and named Social Worker** |  |
| **Is there an EHA in place?** | **Yes/No** |
| **If yes, who is the lead professional?** |  |

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| **Attendance (percentage for current academic year)** |  |
| **Comments** |  |

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| **SECTION 2** **Referrer Details** |
| **Name** |  |
| **Educational setting/School name** |  |
| **Email address** |  |
| **Role** |  |

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| **SECTION 3** **Professionals Involved****If you are using and submitting the County SEN Support Plan as part of your application, the inclusion of section 3 in full provides sufficient detail and there is no need to complete the box below. If not, please complete in full.** |
| **Service** | **Name** | **Contact Details** | **Dates of involvement** |
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| **SECTION 4** **All About Me** |
| If you are using and submitting the County SEN Support Plan as part of your application, section 2 may be submitted as evidence for this. If not, please submit a One Page Profile which includes the following information/views:* People like and admire me because….
* I enjoy….
* These things are important to me….
* These things are not working well….
* It would be better if….
* In the future I would like….

Examples of One Page Profiles can be found within the Graduated Approach Guidance, or on line. For EY, refer to the toolkit for an example Please note that an adult can complete this on behalf of a child who is unable or unwilling to do so. It should be indicated on the profile when this has been the case. |
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| **SECTION 5** **Description of Needs (as recorded on SEN Register)** |
| **PLEASE ONLY TICK ONE BOX FOR PRIMARY NEED. It is important that you decide this based on evidence/advice and that it is agreed by all involved, and that it matches what has been recorded on the school SEN register. All secondary needs that apply can be ticked.** |
| **Type of SEN** | **Categories** | **Primary Need** | **Secondary needs** |
| Communication and Interaction | Speech Language and Communication(SLCN) |  |  |
| Autism Spectrum Disorder (ASD) |  |  |
| Cognition and Learning | Specific Learning Difficulties (Dyslexia)(SpLD) |  |  |
| Moderate Learning Difficulties (MLD) |  |  |
| Severe Learning Difficulties (SLD) |  |  |
| Profound and Multiple Learning Difficulties (PMLD) |  |  |
| Social Emotional and Mental Health | Social Emotional and Mental Health Difficulties |  |  |
| Sensory and Physical | Hearing Impairment (HI) |  |  |
| Vision Impairment (VI) |  |  |
| Multisensory Impairment (deafblindness) (MSI) |  |  |
| Physical Disability (PD) |  |  |

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| **Relevant background information:** |
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| **Summarise your reasons for requesting STAR:** |
| **Does your concern originate from a concern around:** | **Progress** | **Social Care circumstances** | **Health circumstances** |
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| **SECTION 6** **Evidence of a Graduated Approach** |
| **Please provide information about your previous/current/planned (as applicable) support plan for the learner. If you are using and submitting the County SEN Support Plan as part of your application, evidence of your interventions will be recorded in sections 6 and 7. Submission of these pages will be sufficient. For Early Years, you can submit Action Review Records from the toolkit. If you are not using either, please complete the tables below for to record all identified outcomes, etc from your SEN Support Plan. If you are completing boxes below, please copy and paste as many as required to show cycles of support.** |

**CYCLE 1**

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| Outcome/target:  |  |
| What has happened to help me to achieve this? |  |
| Who did it?/Who advised us about it? |  |
| How often? (frequency and duration) |  |
| What resources were needed? (including costs) |  |
| Evaluation of Impact - has the outcome been fully met? Has what we have done worked? |  |

**CYCLE 2**

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| Outcome/target:  |  |
| What has happened to help me to achieve this? |  |
| Who did it?/Who advised us about it? |  |
| How often? (frequency and duration) |  |
| What resources were needed? (including costs) |  |
| Evaluation of Impact - has the outcome been fully met? Has what we have done worked? |  |

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| **SECTION 7** **Child/Young Person’s previous and current academic progress** |
| **It is essential that the Local Authority has information related to progress and attainment. Schools and settings use different tracking and monitoring mechanisms, all of which may be cited as appropriate in order to ensure that a summary of progress over time can be provided below:** |

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| **Time frame** | **Subject or assessment measure** | **Age related expectation** | **Learner working at** |
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| **SECTION 8** **Information Sharing** |
| In order to consider this request, the information on this form will need to be shared with other professionals who sit on the SEND Commissioning Panel. This includes:* Health services
* Social Care services
* Educational and training providers
* Educational Psychologists

We will not provide the personal information to any other external organisation or individual unless it is lawful to do so, where sharing is covered by a data sharing agreement or Service Level Agreement (SLA), or where you have provided explicit consent to do so. Personal data will be held securely, then destroyed when the learner reaches their 33rd birthday. The Children’s Services retention schedules and SEND Privacy Notice can be found on the Council’s website. In addition, we also record aspects of the data in order to help with monitoring and for service planning purposes.By signing this referral form:-you agree to the sharing of information  **□**-you confirm that you have seen all the documents being submitted  **□****Do you have parental responsibility? Yes □ No □****If no, who does?....................................................................................................................................****Name****Signature****Date** |

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| **Learner consent** |
| **If the learner is over 16 years of age, and has mental capacity, they must also sign this themselves giving consent for the application****Name****Signature****Date** |

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| **SECTION 9 Headteacher/Setting Leader Declaration** |
| **I confirm that I have checked that the essential evidence is all included with this application, and that the form is completed as appropriate. It is good practice to share any information written about learners with them/their parents/carers submitting to the Local Authority. I confirm that I have made best efforts to ensure that this has been done, and that they are aware of the purpose of the application.****Name****Signature****Date** |

**Additional Guidance:**

PLEASE NOTE - ALL PAPERWORK SHOULD BE SUBMITTED TO THE SEN TEAM IN ONE BUNDLE.

Options are:

1. **Securely** by post
2. Via Courier
3. **Securely** by email sen@northumberland.gov.uk

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| **Date received by SEN Team:** |