**Referral to Multi Agency Inclusion Clinic (MAIC)**

Priority ranking:

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| **Reason for referral** | **SEMH (behaviour)**  **SEMH (EBSA)**  **SEMH (other)**  **Medically vulnerable**  **Risk of PEX**  **Other (please state)** |
| **Please ensure parental consent is sought BEFORE referring to MAIC. The parental consent form can be found at the end of this form.** | |

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| **Reason for application** |
| Briefly outline the reason for the referral to MAIC *(please explain why this pupil has been referred and what impact is there currently on his/her own education and/or that of others. More details can be provided further down)* |

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| **Expected Outcome** |
| *Explain what you are hoping the alternative provision will achieve. Please ensure the outcome is specific, measurable, achievable, realistic and timely* |

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| **Please tick which agencies have been involved with this CYP:**  **If applicable, please give details.** | |
| Foundry College |  |
| Education Welfare |  |
| Area SENCO |  |
| Virtual School |  |
| Educational Psychology Team (MHST) |  |
| Children’s Social Care or Early Help |  |
| Health (e.g. CAMHS, PMH4YOUTH, CYPIT, School Nursing) |  |
| Prevention and Youth Justice |  |
| Other (please state) |  |

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| **School Information** | | | | |
| **School name** |  | | | |
| **School address** |  | | | |
| **Name of referrer** |  | **Position of referrer** | |  |
| **Telephone no.** |  | **Email:** |  | |
| **School’s Designated Person for Safeguarding** |  | **School’s Safeguarding Contact Tel No.** |  | |

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| **Pupil information** | | | | | | | | | |
| **Full Legal Name** | | |  | | | | | | |
| **Preferred Name** | | |  | | | | | | |
| **Date of Birth:** | | |  | | **Year Group** |  | | **Age** |  |
| **Gender** |  | **UPN** | |  | **ULN** | |  | | |
| **Ethnicity** |  | **Religion** | |  | **First language** | |  | | |

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| **Please tick all that apply:** | |
| **EHCP** |  |
| **SEN Support (K)** |  |
| **On Pastoral Support Plan (PSP)** |  |
| **FSM** |  |
| **PP** |  |
| **EAL** |  |
| **GRT** |  |
| **CIN** |  |
| **CP** |  |
| **LAC** |  |

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| **LAC only:** | | | |
| **What Section is the child under?** |  | **Placement Details** | Foster placement  Children’s home  Placed with extended family  With parent(s) but LAC  Other (please state) \_\_\_\_\_\_ |
| **Please state the name of the Local Authority** | |  | |

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| **EARLY HELP / SOCIAL CARE (if applicable)** |
| **Please provide a synopsis of the support currently being offered and by whom.** |

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| **Information regarding SEND (if applicable)** | |
| Does the CYP have an EHCP? |  |
| If yes, what is the CYP primary need? | Communication and Interaction  Cognition and Learning  Social, emotional and mental health  Sensory and/or physical needs |
| If not, has a request for an EHCP been submitted? (if so, please provide the date and progress of application) |  |
| Is the CYP recorded as SEN K? (If so, please outline their need) |  |
| Does the CYP have a formal diagnosis? (Please provide details of when this was sought) |  |

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| **Pupil’s home details** | |
| Main home address: | Who does pupil live with at this address: |
| Postcode: |
| Other home address *(if applicable)*: | Who does pupil live with at this address: |
| Postcode: | When does this address apply? |

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| Details of parents and carers | | | | |
| Please provide full details of all parents / carers in order of priority for contacting. | | | | |
|  | 1st | 2nd | 3rd | 4th |
| Name |  |  |  |  |
| Relationship to pupil |  |  |  |  |
| Does this person have PR/Shared PR? |  |  |  |  |
| Address |  |  |  |  |
| Contact phone number (1) |  |  |  |  |
| Contact phone number (2) |  |  |  |  |
| Place of work (if applicable) |  |  |  |  |
| Email address |  |  |  |  |
| First language |  |  |  |  |

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| **Attendance %** | | | |
| **Current Attendance** | | | **Previous Years Attendance** |
| **Attendance Rate** | **Authorised Absence** | **Unauthorised Absence** |
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| **Family and Environmental Factors**  *i.e. Family history, well-being, wider-family network, housing, employment and financial considerations, social and community involvement* |
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| **Brief synopsis of Behaviours** |
| **Provide an overall summary of the behaviours displayed*:*** *(please include details of the types of behaviours displayed, when and how often such behaviours are happening, triggers for behaviour).* |
| **Please indicate the behaviours the pupil is currently displaying in relation to level of frequency. behaviours and the frequency** *(i.e., 1 = Rarely, 2 = Occasionally, 3 = Frequently and 4 = Very Often)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Behaviour** | **Freq. 1, 2, 3, 4** | **Behaviour** | **Freq 1, 2, 3, 4** | **Behaviour** | **Freq 1, 2, 3, 4** | | Disruption |  | Absconding / Absenting |  | Discriminatory behaviour |  | | | Vandalism |  | Substance / alcohol misuse |  | Inappropriate Sexual behaviour |  | | | Bullying |  | Highly critical of others |  | Anxiety |  | | | Impulsive dangerous behaviour |  | Avoidance of tasks/places (please give details below) |  | Withdrawal |  | | | Physical aggression towards staff |  | Physical aggression towards peers |  | Self-harm |  | | | Verbally abusive/aggressive to staff |  | Verbally abusive/aggressive to peers |  | Racist abuse |  | | | Defiance |  | Selective mutism |  | Smoking/vaping |  | | | **Other** (please include any other additional behaviours displayed) | | | | | | | |

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| **Strategies Implemented by School:** *(provide an overview of the strategies used to promote positive behaviours and the impact of such strategies – This can be taken from a pupil’s SEN/Behaviour/Pastoral support plan and must include how external advice has been used to support the pupil’s needs).* | | | |
| **Strategy and length of implementation** | **RAG** | **Impact** (detail both positive and negative impacts). |
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| **Risk Assessment** | | | |
| **Is the pupil a potential risk to adults, peers, property or other risk?** Yes No   **If yes, please provide the most recent risk assessment.** | | | |

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| **Suspensions** |
| **Please provide a summary of the number of suspensions the pupil has received including the reason for each academic year** (a suspension report providing further details should be included as supporting documentation). |

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| **Alternative Provision** |
| **Please provide details of any alternative provision that the pupil may have engaged in** (including DfE and non DfE registered providers and managed moves). |

| **Medical Condition** |
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| **Please provide details of the pupil’s medical condition and any support needed**  (N.B. Where a pupil has a SEMH need, schools must provide a SEN support plan that identifies the strategies implemented) |
| **Please provide the name, address and telephone number of the pupil’s GP / Family Doctor** |
| **Please provide evidence of any relevant supporting medical documents.** |

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| **PRIOR ATTAINMENT** |
| **Pupils in Key Stage 1**   |  |  | | --- | --- | | **KS1 Test / Assessment** | **Grade** | | Mathematics |  | | Reading |  | | Writing |  |   **Pupils in Key Stage 2 and 3**   |  |  |  | | --- | --- | --- | | **KS2 Test Assessment** | **Grade** | | | Mathematics | |  | | Reading | |  | | Writing | |  |   **Pupils in Key 4**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **KS4 Assessment** | **Grade** | |  | | **Grade** |  | | | **Grade** | | | | English | |  | ICT | |  | Languages | |  | | | Maths | |  | Technology | |  | Geography | |  | | | Science | |  | Learning for Life and Work | |  | History | |  | | | Art and Design | |  | PE | |  | Music | |  | | | Drama | |  | RE | |  |  | |  | | |  | |  |  | |  |  | |  | | | **Current KS4 Subjects** | | | **Qualification** | **Exam Board** | | | **Predicted Grade** | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |  | | |  |  | | |  | | | | |

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| **Young Person / Child’s View** |
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# **Parent / Carer’s Consent**

**What is the Multi Agency Inclusion Clinic?**

The Multi Agency Inclusion Clinic (MAIC) considers referrals from schools and Local Authority representatives requesting advice and signposting of resources to support the needs around a child or young person (CYP) in their educational setting.

The Multi Agency Inclusion Clinic consists of representation from the agencies listed below, as well as representatives from the Local Authority and schools/academies in Wokingham. Not all agencies will be relevant to every referral, but the sharing of good practice and advice is encouraged from all professionals.

**Core Members**

* Foundry College representative (Chair)
* Education Welfare representative
* Special Educational Needs representative
* Area SENDCo
* Virtual School representative
* Education Psychology representative
* Children’s Social Care/early help representative
* Transitions Representative
* Representative(s) from health providers (eg CAMHS, PMH4YOUTH, CYPIT, School nursing)
* Prevention and Youth Justice Service representative
* MAIC Officer (admin support)

**School Members**

* X2 secondary senior leadership representatives
* X2 primary senior leadership representatives

**Other Members**

* Other specialists required on a case-by-case basis (eg Cranston)

The Panel meets on a regular basis (every 2 weeks during term-time) to consider any referrals submitted. The application form will be shared with core members before the meeting.

After the MAIC meeting, your school will update you on the outcomes from the meeting.

**Your view**

Your view of your child’s current need, the impact this is having on his/her learning and/or their wider family life and what support you feel may benefit your child is extremely important. Please share your views in the box below. These will be shared alongside the content of this application form.

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| **Parent / Carer’s Views** |
| **Please provide details of what you feel your child needs or struggles with and what outcomes you would like to see:** |
| **Parent / Carer’s Consent** |
| * I understand the information provided on this application form * I give consent for my child to be referred to the Multi Agency Inclusion Clinic   I/We have read and understood the above and agreed that my child’s school can refer my son/daughter for discussion at the Multi Agency Inclusion Clinic.  **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If you have any queries regarding this application, please do not hesitate to contact your child’s school.