

Appendix 1: Complex Needs Provision Request Form

Child/Young Person Name:	Click or tap here to enter text.	
Date of birth:	Click or tap here to enter text.	
Address:	Click or tap here to enter text.	
Current School / ELCC provider:	Click or tap here to enter text.	
Year Group:	Click or tap here to enter text.	
Named person (including designation):	Click or tap here to enter text.	
Lead professional (if different):	Click or tap here to enter text.	
1. Please indicate what type of support is being requested:		✓
Complex Needs Provision Outreach	<input type="checkbox"/>	
Complex Needs Provision Placement	<input type="checkbox"/>	
2. If Outreach Support is being requested, please indicate what type of support would be most helpful:		✓
(a) Professional Consultation / Advice on:		
• Curricular Planning	<input type="checkbox"/>	
• Individual Education Planning	<input type="checkbox"/>	
• Individual Risk Assessment and Planning	<input type="checkbox"/>	
• Support Strategies	<input type="checkbox"/>	
• Environmental Adaptations	<input type="checkbox"/>	
(b) Block of co-operative / team teaching	<input type="checkbox"/>	
(c) Professional Learning sessions for staff	<input type="checkbox"/>	
3. Please provide a brief summary of the child / young person's strengths, skills and interests:		
Click or tap here to enter text.		
4. Please provide details of the factors giving rise to the child / young person's additional support needs (e.g. Disability / Health including any diagnoses;		



Factors relating to the current learning environment; Social or Emotional difficulties; Family circumstances)
Click or tap here to enter text.
5. Please provide an overview of the child / young person's CFE Level and educational attainments:
Click or tap here to enter text.
6. Please provide details of the child / young person's ability to hold, organise and integrate new knowledge and skills:
Click or tap here to enter text.
7. Please provide details of the child / young person's expressive language skills (e.g. the ability to request objects, make choices, ask/ answer questions and describe events- this can be done through speaking, gesturing, facial expressions, vocalisations and visual supports):
Click or tap here to enter text.
8. Please provide details of the child / young person's receptive language skills (e.g. the ability to understand communication that is directed to them- this communication can be through visual supports, sign, verbal, gestures):
Click or tap here to enter text.
9. Please provide details of the child / young person's executive function skills (e.g. planning, making decisions, problem-solving, thinking flexibility, responding to feedback, inhibiting responses):
Click or tap here to enter text.
10. Please provide details of the child / young person's ability to regulate, select, shift and sustain attention:
Click or tap here to enter text.
11. Please provide details of the child / young person's social skills:
Click or tap here to enter text.
12. Please detail any complex medical needs that require NHS care plan / protocols:
Click or tap here to enter text.



- 13. Please detail level of medical intervention required. For example:**
- No medical intervention;
 - Requires medical intervention but can support administration of medication and/ or has an awareness of medication and the process;
 - Requires controlled substance (e.g. methylphenidate) which requires two members of staff for administration;
 - Pupil has medical condition requiring staff support to manage e.g. epilepsy with emergency medication prescribed, tracheostomy, gastrostomy.

Click or tap here to enter text.

- 14. Please detail level of intimate care needs. For example:**
- Toilets independently;
 - Supervision only with support with clothing;
 - Pad changing, staff support required;
 - Hoisting required for toileting.

Click or tap here to enter text.

- 15. Please detail level of mobility needs. For example:**
- Fully mobile;
 - No equipment required, but requires minimal moving and handling assistance;
 - Equipment necessary and physio programmes to be implemented regularly to develop mobility skills;
 - Hoisting required, staff support required for all transfers. Physio programmes to be implemented regularly including hydrotherapy.

Click or tap here to enter text.

- 16. Please detail level of behaviour support needs. For example:**
- No concerns;
 - Less frequently physical, lower level including verbally assaulting to others;
 - Flight risk and possible physically challenging behaviour;
 - Regularly physical (minimum weekly) and requires access to interventions to support regulation, as detailed within a behaviour support plan.

Click or tap here to enter text.

17. Please ✓ to indicate the planning documentation that is currently in place for this child / young person:

Single Agency Child's Plan	<input type="checkbox"/>	Moving and Handling Plan /Risk Assessment	<input type="checkbox"/>
Multi-Agency Child's Plan	<input type="checkbox"/>	Behaviour Support Plan & Risk Assessment	<input type="checkbox"/>



Co-ordinated Support Plan (CSP)	<input type="checkbox"/>	Personal Emergency and Evacuation Plan (PEEP)	<input type="checkbox"/>
Individual Education Plan (IEP)	<input type="checkbox"/>	NHS protocol(s)	<input type="checkbox"/>
		Intimate Care Plan	
18. Please ✓ to indicate which other services / agencies are currently involved:			
Community Paediatrician	<input type="checkbox"/>	Educational Psychology Service	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	English as an Additional Language (EAL) Service	<input type="checkbox"/>
Child & Family Mental Health (CAMHS)	<input type="checkbox"/>	Sensory Support Service	<input type="checkbox"/>
Speech & Language Therapy	<input type="checkbox"/>	Occupational Therapy	
Physiotherapy	<input type="checkbox"/>		
19. Views of the child / young person:			
Click or tap here to enter text.			
20. Views of the parent / carer:			
Click or tap here to enter text.			
21. Any other information relevant to this application:			
Click or tap here to enter text.			

Name of person who completed the application:	Designation:
Email address:	Date:

Completed applications should be submitted to the Chair of the Local ASN Forum, accompanied by the following documentation:

1. Record of most recent Child's Plan meeting
2. Any relevant planning documentation (see section 17).

Outcome of Local ASN Forum - To be Completed by Chairperson

Outcome	✓
No further action by Local ASN Forum	<input type="checkbox"/>
Signposting to other sources of advice, supports, services or facilities (This may include, for example, advice regarding further assessment or planning, signposting to other supports such as Educational Psychology, the suggestion of accessing facilities within the Complex Needs Provision)	<input type="checkbox"/>
Enhanced Provision Outreach	<input type="checkbox"/>
Enhanced Provision Blended Placement (For Primary 3 onwards) See Blended Placement Guidance on ASN, Inclusion, Equity & Wellbeing website.	<input type="checkbox"/>
Enhanced Provision Placement (For Primary 3 onwards)	<input type="checkbox"/>
Complex Needs Provision Outreach	<input type="checkbox"/>
Complex Needs Provision Blended Placement See Blended Placement Guidance on ASN, Inclusion, Equity & Wellbeing website.	<input type="checkbox"/>
Complex Needs Provision Placement	<input type="checkbox"/>
Outcome Letter (Appendix 2) has been sent to the referrer (where a placement has been offered)	<input type="checkbox"/>
Please outline the reasons for this decision:	
Click or tap here to enter text.	
Additional notes (if required):	
Click or tap here to enter text.	
Date request considered by the Local ASN Forum:	Date Requester informed of outcome:
Click or tap here to enter text.	Click or tap here to enter text.



**Chair of Local ASN
Forum's Signature**

Date:

Click or tap here
to enter text.