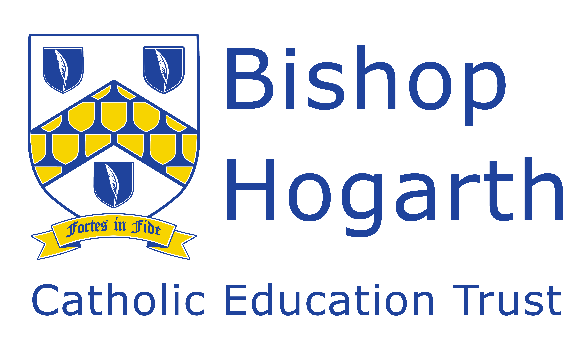
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| **Document Management:**  Date Policy Approved: 6 July 2023  Date Policy Reviewed:  Next Review Date: July 2026  Version: 1.0  Approving Body: Standards Committee |



ALTERNATIVE PROVISION SUPPORTING DOCUMENTATION

|  |  |
| --- | --- |
| **School and Alternative Provision - Service Level Agreement** | |
| To be completed for each learner at alternative education. Copies retained by provider and school. | |
| Name of learner |  |
| Date of birth |  |
| Name of school |  |
| Name of provider |  |
| **The school will** | **The provider will** |
| Provide the provider with details of any additional learning needs and outcomes set (e.g. EHCP) for the learner | Provide an agreed structured programme of learning, with clear aims, objectives, and methods |
| Provide updates to the Learner Information Form and risk assessment as appropriate during the learner’s time at alternative provision | Provide updates to the risk assessment as appropriate during the learner’s time at alternative provision |
| Visit the provision (where applicable) before completion of the Alternative Provision Learner’s Plan to inform planning. | Provide a thorough learner induction programme, including health and safety, at the start of the programme. |
| Settle invoices for the agreed payment within the specified time, as agreed. | Invoice the school for the agreed amount at the agreed intervals. |
| Seek assurance that the provider has the necessary safeguarding and health and safety arrangements in place including the relevant insurance cover. | Comply with the Trust’s safeguarding policy and health and safety requirements at all times. |
| Share learner safeguarding information securely and in line with safeguarding and data protection regulations with the provider. | Maintain all learner data in accordance with the GDPR |
| Maintain contact with the named person in the provision regarding attendance/progress and learner wellbeing or safeguarding as set out in the Alternative Provision Learner’s Plan | Maintain contact with the named person in school regarding attendance/progress and learner wellbeing or safeguarding as set out in the Alternative Provision Learner’s Plan |
| Notify the provider of any significant change or circumstances involving the learner or school likely to affect programme delivery. | Notify the school of any significant change or circumstances involving the learner or provider likely to affect programme delivery |
| Co-ordinate provision reviews at regular intervals to ensure the learner is on track to return to school or if post 16, to education, training, or employment with training. | Ensure the curriculum offer/courses offered have a clear progression route back to school or if post 16, in education, training or employment with training. |
| Other – specify | Other – specify |
| School contact | Role |
|  |  |
| Provider contact | Role |
|  |  |
| Date agreed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **[Alternative provision- Learner Information Form (page1 of 2)](#Yellow)** | | | |
| Name of learner |  | | |
| Address |  | | |
| Date of birth |  | Gender |  |
| Description of key social/emotional and/or medical needs | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Additional learner needs | | | | | | | | |
| SEND or N/A  (Include category of need) | | Pupil premium | FSM | | Open Support/ CiN/CP/PLAC/LAC or N/A | | | |
|  | | YES/NO | YES/NO | |  | | | |
| Names of relevant professionals involved with this learner (insert more rows if needed) | | | | | | | | |
| Name of professional | Agency | | | | Contact number/email | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
| Other alternative provision currently used | | | | | | | | |
| Name | | | | | | Days | Hours | WAAP?[[1]](#footnote-1) |
|  | | | | | |  |  |  |
|  | | | | | |  |  |  |
| Learner view of plan for alternative provision (if known) | | | | | | | | |
|  | | | | | | | | |
| Parent comments re plans for alternative provision - if known | | | | | | | | |
|  | | | | | | | | |
| Parents name/s | | | | Relationship to the learner | | | | |
|  | | | |  | | | | |
| Telephone number | | | | Email address | | | | |
|  | | | |  | | | | |
| Language spoken by parents | | | | Preferred method /time to contact parents | | | | |
|  | | | |  | | | | |
| If parents live at separate addresses, please provide alternative contact details | | | | | | | | |
|  | | | | | | | | |
| Details of any significant parental contact arrangements | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **[Learner Information Form page 2 of 2](#Green)**  [Risk Assessment](#Green) | | | | | | | |
| Based on your experience of the learner in school, consider the likelihood of these risks happening by the learner in an alternative provision. | | | | | | | |
| Risk factor | | Date completed | No Risk | | Summary of evidence  Provide attachment/s if Medium or High | | Summary of current support in place to mitigate risk |
| Low | |
|  | Medium | |
| High | |
| 1. Physical attack on an adult | | |  | |  | |  |
| 1. Physical attack on a learner | | |  | |  | |  |
| 1. Verbal abuse of an adult | | |  | |  | |  |
| 1. Verbal abuse of a learner. | | |  | |  | |  |
| 1. Drug or alcohol dealing/use around or in the provision. | | |  | |  | |  |
| 1. Damage to property | | |  | |  | |  |
| 1. Stealing | | |  | |  | |  |
| 1. Persistent refusal to follow instructions. | | |  | |  | |  |
| 1. Absconding from provision | | |  | |  | |  |
| 1. Physical harm/danger to self | | |  | |  | |  |
| 1. Other – specify | | |  | |  | |  |
|  | | | | | | | |
| Are there current safeguarding or child protection issues for this learner | | | | | | | Yes/ No |
|  | | | | | | | |
| Name of person completing the learner information | | | |  | | | |
| Role |  | | | School | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **[Learner Transport Information Form page 3 of 3](#Green)**  [Risk Assessment](#Green) | | | | | | |
| Based on your experience of the learner in school, please consider the likelihood of these risks happening in transport to and from alternative provision. | | | | | | |
| Risk factor | | Date completed | No Risk | Summary of evidence  Provide attachment/s if Medium or High | | Summary of current support in place to mitigate risk |
| Low |
|  | Medium |
| High |
| 1. Learner has emergency medical needs | | |  | See learner’s individual healthcare plan – if Medium or High | |  |
| 1. Distraction by learner of the driver – verbal or physical | | |  |  | |  |
| 1. Verbal physical hurt caused by the learner to another passenger | | |  |  | |  |
| 1. Physical damage by the learner to vehicle | | |  |  | |  |
| 1. Learner undoes seat belt/tries to open the door without permission | | |  |  | |  |
| 1. Parent not at home when learner due to be picked up from home | | |  |  | |  |
| 1. Parent not at home when learner due to be dropped off at home | | |  |  | |  |
| 1. Learner refuses to get into/out of the transport at provision | | |  |  | |  |
| 1. Learner refuses to get into/out of the transport at home | | |  |  | |  |
| 1. Learner refuses to get into/out of the transport at school | | |  |  | |  |
| 1. Other – specify | | |  |  | |  |
| Name of person completing the learner information | | |  | | | |
| Role |  | | School | |  | |

|  |  |
| --- | --- |
| **Alternative Provision Learner’s Plan** | |
| Name of learner |  |
| Date of birth |  |
| Name of school |  |
| Name of provider |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total number of sessions planned | Total hours per week | | | Start date | End date |
|  |  | | |  |  |
| Days of sessions | Start time | | | End time | |
| Monday |  | | |  | |
| Tuesday |  | | |  | |
| Wednesday |  | | |  | |
| Thursday |  | | |  | |
| Friday |  | | |  | |
| Session cost | | |  | | |
| Total cost of sessions | | |  | | |
| Transport arrangements | | | | | |
| Name of person transporting the learner to and from provision | | |  | | |
| Contact details  (If not school, parent, or provider) or N/A | | |  | | |
| Cost of transport per session – if learner transported by provider or N/A | | |  | | |
| Total of transport | | |  | | |
| Invoice date/s | | | Agreed settlement period for invoices | | |
|  | | |  | | |
| Name of school contact for payment | | Role | | | |
|  | |  | | | |
| Email address | | Telephone number | | | |
|  | |  | | | |
| Name of provider contact for payment | | Role | | | |
|  | |  | | | |
| Email address | | Telephone number | | | |
|  | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternative Provision Learner’s Plan continued** | | | |
| **Expected outcomes for learner at the provision**  (Insert more rows as needed) | | | |
|  | Outcome | Success criteria | Qualification/  accreditation or N/A |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Alternative Provision Learner’s Plan continued** | | |
| **Lunchtime arrangements** | | |
| Will the learner be at the provision during lunchtime? | | YES/NO |
| Is the learner entitled to a free school meal? or N/A | Who will provide lunch for the learner?  or N/A | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **Contact arrangements** | | |
| Contacts regarding learner wellbeing and progress | School | Provider |
| Name |  |  |
| Role |  |  |
| Contact details |  |  |
| Name of DSL – if different |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance/Absence/Progress and wellbeing liaison/updates** | Frequency | | |
| Provider contacts school | School contacts provider | Scheduled update meetings |
| Absence from alternative provision |  | N/A |  |
| Attendance/absence issue at school and/or alternative provision - ongoing | | |  |
| Any safeguarding/CP issue presenting at school and/or alternative provision - new | Immediately | Immediately | N/A |
| Any safeguarding/CP - ongoing |  |  |  |
| Progress towards outcomes at alternative provision |  |  |  |
| Wellbeing/health issue at school and/or alternative provision - new | Daily | Daily | N/A |
| Wellbeing/health issue at school and/or alternative provision - ongoing | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reviews of placement – all outcomes** | | | | To be chaired by | Venue | | | |
| Date 1 | | | |  |  | | | |
| Date 2 | | | |  |  | | | |
| **Alternative Provision Progress Review (page 1 of 2)** | | | | | | |
| Name of school |  | | | | Date of review | |
| Name of Provider |  | | | |  | |
| Learner name | | | | | Date of birth | |
|  | | | | |  | |
| Attendees | | Role | | | Organisation or family | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
| **Review of progress towards outcomes** | | | | | | |
| Outcome | | Progress | | | Achieved  Partially achieved  Not achieved | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
| **Alternative Provision Progress Review (page 2 of 2)** | | | | | | |
| Parent and learner views – What if anything has gone well? What else might reasonably support a positive return to school/next provision? | | | | | | |
| Parent view | | | | | | |
|  | | | | | | |
| Learner view | | | | | | |
|  | | | | | | |
| School - next steps towards positive return to school or next provision eg   * transition arrangements * additional support requested from another service * change of type of support within the school * increase of current support within the school | | | | | | Person responsible |
|  | | | | | |  |
|  | | | | | |  |
| Provider - Next steps towards positive return to school or next provision eg   * transition arrangements * additional support requested from another service * change of type of support within the provision * increase of current support within the provision | | | | | | Person responsible |
|  | | | | | |  |
|  | | | | | |  |
| Expected end of placement date | | | | | |  |
| Date of next review or N/A | | | | | |  |

|  |
| --- |
| **[Template letter of safeguarding assurance for commissioners](#Blue)** |

*Provider Name*

*Address*

Date

Dear Headteacher/Principal

**Letter of Assurance: Disclosure & Barring Service checks for our staff and volunteers**

As an approved provider, we confirm that we are following statutory guidance to ensure that we have obtained relevant checks for all staff and volunteers employed by our organisation and ensure that this is kept up to date.

The statutory guidance Keeping Children Safe in Education requires schools to ‘*obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff.’*

This letter provides confirmation that we {PROVIDER NAME} obtains the following checks for all employed staff who may, as part of their jobs have unsupervised contact with children and young people on a regular basis and/or access to personal confidential information about them:

* Identity check
* Enhanced DBS disclosure with barred list check
* Eligibility to work in the UK
* Prohibition from teaching check, where applicable
* Overseas check, where applicable

As part of our safer recruitment process, the following has also been obtained:

* Written references
* Medical clearance

We {PROVIDER NAME} confirm that our employees do not commence employment in posts with regular unsupervised contact with children until all satisfactory clearances have been received.

Yours sincerely,

**Template letter directing pupil to be educated offsite to improve behaviour**

[Name of Parent(s)] [Address]

[Date]

Dear [Name of Parent(s)]

**Direction for off-site education for [name of pupil]**

Further to [our conversation on [date] and/or my letter dated [date] and/or [details of recent behavioural incident(s)]], I am writing to confirm my decision to direct [name of pupil] to offsite education for a temporary period of time.

[Name of pupil] is directed to attend [name of provision] at [address] between the hours of [time] and [time] from [date] in order to help improve their behaviour following [details of incidents]. During this period [name of pupil] will remain on the roll of [name of current school] and will be dual registered.

[Name of provision] is [an Ofsted registered provision and/or included within the local authority’s directory of ‘approved’ provision], which meets clearly defined standards. I can confirm that appropriate safeguarding and other checks have been made to ensure the suitability and safety of the placement.

[Name of pupil] should report to [name], [role], at [name of provision] at [time] on their first day. Their attendance will be [fulltime OR a combination of part-time at [name of provision] and a continuation at [current school] [set out timetable if a combination]]. As [name of pupil] is of compulsory school age, you are legally required to ensure that [name of pupil] attend all sessions every day to ensure that any disruption to their education is kept to a minimum.

The proposed maximum period for their attendance at [name of provision] is [set out time depending on what best supports the pupil’s needs and potential improvement in behaviour e.g. two months/the remainder of term etc.]. This will be reviewed at regular intervals by the Headteacher of [current school], a representative from [name of provision], [the local authority (as [name of pupil] has an Education Health and Care Plan),] and yourself with input from [name of pupil]. The first review meeting will be held on [date – we suggest no more than 6 school weeks after the start of the provision] at [address]. You will be notified of any further review meetings in writing. You may also request a review by the governing board of the provision and the governing board will comply with the request as soon as reasonably practicable, unless there has already been a review in the previous ten weeks. Any requests for a review should be sent to [name and contact details].

Please note [name of pupil]’s time in attending [name of provision] is intended as an intervention to help improve their behaviour. [The main objective of this intervention is the successful reintegration of [name of pupil] back into [current school]]. During their time at [name of provision], [name of pupil] will continue to receive a broad and balanced education. In order to ensure the placement is successful, [name of pupil] has been set the following objectives:

• [Set out reasons for and objectives of the placement and any support put in place for the pupil while he attends the provision e.g. any specific pastoral care they will receive/details of any induction etc.

• For example, references to any academic attainment – particularly in English, maths and science (including IT)

• Any specific and identifiable personal, social and academic needs of the pupil and how they will be met in order to help them to overcome any barriers to attainment

• Improved pupil motivation and self-confidence, attendance and engagement with education

• Successful reintegration back to current school]

Progress against these objectives will be frequently monitored.

During [name of pupil]’s attendance at [name of provision], the school will communicate regularly with you [set out details such as weekly phone calls, emails or reports] and your point of contact will be [name, role].

Finally, I wish to assure you that my decision to direct [name of pupil] to be educated offsite has been based on what I consider to be in the best interests of [name of pupil]. When [name of pupil] is ready to be reintegrated, a strategy meeting will take place with you and [name of pupil] and an appropriate package of support will be put in place.

If you have any queries, please do not hesitate to contact me. If you wish to challenge my decision, you are able to do so via the school’s complaints procedures which can be found on the school’s website.

Yours sincerely

[Name] Headteacher

**[cc. Where applicable, the pupil’s social worker, the VSH if the pupil is a LAC and/or the local authority if a pupil has an EHCP]**

1. [↑](#footnote-ref-1)