**Appendix for the Alternative Tuition Service**

**(Inc Partnership Agreement)**

|  |  |
| --- | --- |
| Name of pupil: |  |
| Date of birth: |  |
| Name of referrer: |  |

* All referrals must have an emergency contact. This **cannot** be theparent or carer that the pupil resides with or any othercontact that is already listed in the Parent / Carer details of the Inclusion Referral Form:

|  |  |
| --- | --- |
| Emergency contact name: |  |
| Relationship to pupil/family: |  |
| Address: |  |
| Phone number: |  |

* Indicate below which of the criteria the referral meets:

|  |  |
| --- | --- |
| PEX |  |
| Medical |  |

**Medical referrals** - Please attached a copy of the Individual Healthcare Plan (IHP).

If not attached, please advise of the details of senior leader holding the responsibility for the school’s medical policy so it can be arranged when this will be supplied.

|  |  |  |  |
| --- | --- | --- | --- |
| *Name:* |  | *Position:* |  |
| *Email:* |  | *Phone:* |  |

*Include relevant evidence to support the criteria selected above.*

* Tick to confirm the pupil has the following:

|  |  |
| --- | --- |
| Does the young person have access to broadband internet at home? |  |
| Does the pupil have access to a suitable computer at home? |  |

**Please note mobile, tablet or other devices without hard drives are not suitable.**

* What are the short/medium term plans for the pupil? What is the current timeframe to achieve this plan? This should identify future placements/provisions.

|  |
| --- |
|  |

**Please return the completed appendix (including the partnership agreement below if applicable), referral, risk assessment and accompanying evidence to** [**ats@suffolk.gov.uk**](mailto:ats@suffolk.gov.uk)

Alternative Tuition Service (ATS)

Partnership Agreement

This is an agreement to support working together with the Alternative Tuition Service (ATS) to enable a child/young person to continue their learning and to successfully reintegrate into school as soon as this is possible. This agreement refers to children and young people of statutory school age who remain on the roll of a school/education setting. This includes those children who cannot attend school because of health needs. The agreement follows the relevant statutory guidance and seeks to ensure continuation of a suitable full-time education or as much as the child’s condition can access.

In the absence of proper or sufficient evidence of need, ATS may refuse referral for the service. In this case, ATS will contact the school to confirm why the referral has not met the criteria. Alternative sources of support may be suggested, or further evidence may be requested so that a referral can be re-considered.

ATS may be withdrawn due to lack of compliance by any party with this agreement. This includes if the child or young person (CYP) is unable to attend on a regular basis without appropriate medical evidence.

Any difficulties or concerns should be discussed with the ATS management team – Tel: 01473 263818 or email: [ATS@suffolk.gov.uk](mailto:ATS@suffolk.gov.uk)

**Details**

School name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Young person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATS Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

The **school** agrees to:

* Fully complete the Inclusion Referral Form, this appendix and the risk assessment as soon as it is known that a child/young person (CYP) is medically unfit to attend school.
* Keep the CYP on the roll of the school during the period of tuition.
* Provide evidence to support the Referral Form. Evidence from medical professionals must be included, for example NHS Consultant / CAMHS / Psychiatrist. Where this evidence is not quickly available due to any extensive health service waiting times, consideration will be given to other medical professional advice, including the CYP’s GP. However, this must be reviewed every 6 weeks and evidence provided that the medical condition is on-going, and that consultant advice is being requested. Once consultant advice has been provided on-going evidence from the CYP’s GP will be requested.
* Convene the initial professionals’ meeting following a referral being accepted by the service, to establish the roles and responsibilities in joint working to meet a CYP’s needs.
* Where a CYP has an EHCP, schools should continue to hold annual reviews and, where appropriate, conduct a Moving into Adulthood plan.
* During the service period, convene and co-ordinate half-termly review meetings between the school, the parents/carers, the ATS teacher, health professionals and the child/young person to agree on-going support and the plan for re-integration. All actions from these meetings will be recorded by the school, shared and acted upon in a timely way.
* Ensure there is a named professional in school shared with the service on the initial referral form, who has decision-making capacity and who will lead on liaison and joint working. Any changes to the named professional will immediately be advised to the ATS.
* Provide work, current assessment details, and relevant curriculum materials to ATS to enable continuation in learning and to prevent gaps occurring.
* Be active in ensuring regular attendance, as per any pupil on roll, via regular contact with the parent/carer and the service, as well as the EWO service.
* Be active in the monitoring of progress, including where agreed the marking of homework, mock examination papers and coursework and the maintenance of a re-integration plan. Assessment information will be shared with the ATS in a timely manner.
* Ensure all school-based staff are kept informed of the CYP’s progress and planned return to school and that the relevant staff are engaged in facilitating re-integration.
* Ensure the CYP and the family are kept informed about newsletters, general letters and school events, including social events. This includes parent consultation evenings and access to homework clubs and study support / revision groups.
* Ensure arrangements are in place for all examinations and/or SATS. The school is responsible for all registrations and fees relating to examinations, as well as invigilation and access arrangements. This includes invigilation in the home and any other special considerations.
* Ensure access to careers advice and guidance, including work experience as appropriate, and ensure that transition to post-16 educational opportunities is well planned.
* Where a need for a EHC Needs Assessment is recognised or requested, the school will oversee the process.

Headteacher/representative (Print Name and Role)

…………………………………………………………………………………………………

Signature of Headteacher/representative

…………………………………………………………………………………………………

School DSL name and contact number (including out of hours)

…………………………………………………………………………………………………

School ADSL name and contact number (including out of hours)

…………………………………………………………………………………………………

Date:………………………………………………………

The **parent** or person with parental responsibility agrees to:

* Provide and agree to share all relevant information around the CYP’s needs so that support is well informed and co-ordinated. This includes initial and on-going medical advice and information.
* Be fully committed to the CYP’s plan for re-integration and eventual return to school.
* Make sure their child attends tuition regularly and actively engages in learning, including online and at the home. The CYP must be up and dressed and attend at the arranged time.
* Be willing to work with all concerned and attend 6-week review meetings with the school and other professionals.
* Ensure a responsible adult (person with parental authority) is always present during the lesson whether taught in the home or taught remotely using the phone or laptop. Any changes to the responsible adult will be shared with the ATS teacher 24 hours in advance of any planned lesson.
* When a visit is planned to the home, notify and update the ATS teacher and the service of any other people living in or visiting the home who might be present during the visit. This includes responding to any restrictions caused by COVID19.
* Share any issues around the family situation in the home which may have an impact on any 1:1 work with the ATS teacher prior to the next lesson.
* Ensure the workspace is appropriate and conducive to learning. This should not be the CYP’s bedroom. For online lessons, backgrounds should be taken into consideration.
* Ensure that on home visits any pets that make the ATS teacher feel uncomfortable or may cause discomfort (i.e. allergies) will be kept away or secured.
* Ensure the home will be smoke free whilst any home visit takes place.
* The parent/carer or named responsible adult accepts full responsibility for administering the CYP’s medication during the service hours.
* The parent/carer or named responsible adult takes full responsibility for dealing with any medical emergencies during the service hours.
* Be aware that the ATS teacher will have use of their work mobile or use of a landline during service hours.
* Ensure that they have read and understood the checklist relating to online learning
* Provide early information to the school and ATS if a problem arises.

Print Name……………………………………………………………………………………..

Signature……………………………………………………………………………………….

Relationship to CYP…………………………………………………………………………..

Date…………………………………………………………………………………………….

The **child or** **young person** agrees to:

* Be ready to engage and work with the ATS teacher.
* Be ready to communicate any needs or views.
* Complete any homework within the agreed timescales.
* Work with the ATS teacher, school and the service around re-integration and a planned return to school.

Signature……………………………………………………………………………………….

Date…………………………………………………………………………………………….

The **ATS teacher** and **service** agrees to:

* Complete an initial meeting (this may be virtual) and risk assessment as soon as possible following receipt of the referral.
* Arrange tuition suitable to the CYP’s needs as quickly as possible following this initial meeting. Tuition will take place virtually online through secure platforms or, where at all possible at the CYP’s home school, or another local venue, such as a library. Where this is not possible lessons in the home may take place, subject to a risk assessment.
* Provide the school, the CYP and the family with a named key person as a point of contact for the duration of the placement.
* Offer clear information regarding the planned tuition and timescales.
* Be sensitive to the needs of the CYP and the family and offer flexibility where possible.
* Complete weekly attendance registers for interactive sessions, ensuring the school and the local authority EWO service is informed of any concerns or issues arising.
* Provide regular reports on the CYP’s achievements and progress to school and the family, and other relevant professionals involved with the CYP where appropriate.
* Liaise with the named professional in school regarding the individualised learning programme and the return of pieces of work for marking.
* Liaise, where appropriate with other relevant agencies.
* Attend the 6-week review meeting with the school, parents/carers and health professionals to ensure progress updates are provided, as well as support for re-integration.
* Keep both school and parent advised as to any issues that may risk the CYP’s access to the service.

Print Name……………………………………………………………………………………..

Role…………………………………………………………………………………………….

Signature…………..…………………………………………………………………………..

Date…………………………………………………………………………………………….