



ADMISSIONS POLICY

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ADMISSIONS POLICY

The Sheiling School encourages applications for children and young people aged 6 to 19 with Severe, Moderate or Complex Learning Difficulties with:

- Autistic Spectrum Disorder
- Language and Communication Disorders
- Global Developmental Delay
- Attention Deficit Hyperactive Disorder
- Fragile X
- Attachment Disorder/PDA
- Downs Syndrome
- Prader- Willi Syndrome
- Obsessive Compulsive Disorder
- Lowe Syndrome
- Rett Syndrome
- Landau Kleffner Syndrome
- Other genetic syndromes

We welcome applications from all Local Authorities in England and Wales.

We also welcome parents/carers and relevant professionals to the School for informal visits.

Every pupil is admitted on the understanding that the first three months at School is seen as a trial and assessment period. An Assessment Review will then be held at the end of the assessment period.

The School reserves the right to postpone or cancel the process of admissions of a child if circumstances change, for example, the child's needs or behaviour change or if there is no longer space or appropriate facility for that particular pupil.

The School complies with the terms and conditions of the National School Contract (NASS) or other specific contracts with the Local Authority once this has been signed by both parties.

TERMS OF ADMISSION

1. Once a place has been offered to a pupil and is accepted by the parents and/or funding Authority, the full fee for one term is due, even though circumstances may delay the actual date of arrival.
2. Prior to admission, parents or guardians must return all requested documents providing detailed information concerning the pupil to the Admissions Coordinator.
3. Every pupil has a three month assessment period.
4. At the end of the assessment period the fee level may need to be increased to reflect the extra resources required to meet the needs of the pupil.
5. Fees are payable termly, in advance.
6. If a pupil is withdrawn by parents or authorities, prior written notice of one term will be required or one term's fee will be payable in lieu of such notice.
7. The School reserves the right to temporarily exclude or dismiss a pupil at short notice, which will only occur in extreme circumstances such as threatening behaviour, serious actual aggression or self-injury, or destruction of property.
8. In the event of a temporary exclusion, a Plan of Action for seeking support from other agencies, for example, Psychiatric assessment must be agreed in writing between the School and the Placing Authority. This should include a projected timescale for the necessary steps towards re-integration. If a place is kept open for the pupil full fees will be payable.
9. The School reserves the right to charge interest at a rate of 5 % per calendar month on overdue accounts.

EMERGENCY ADMISSIONS

The School will only accept emergency admissions for pupils already placed at the Sheiling School or in exceptional circumstances may consider a referral from a former pupil to the School.

For example in the holiday time if a crisis occurs in a family setting or current residential respite provision, the School will accept that child residentially providing there is a bed. The School will ensure the appropriate authority convenes a review of the placement within 72 hours of arrival to consider whether the child will continue to be placed residentially or if it is in the child's interests to move to a different placement.

EXCLUSION AND WITHDRAWAL POLICY

Under some circumstances the decision as to when a child leaves the School will be mutually agreed upon, through the Annual Review process, at least one term before the scheduled date of leaving. Most often when a child's situation becomes unmanageable or suddenly breaks down, an Emergency Review is arranged, in order to determine the best way forward for the child or young person.

If a child is withdrawn by parents or Authorities a terms notice is required in writing, or a terms fees are expected to be paid. The School reserves the right to charge interest at 5% per month on accounts overdue by more than two months.

In the event of temporary exclusion, it shall remain the responsibility of the Placing Authority to provide for the needs of the child who is excluded from the School. The Authority is also responsible for any expenses incurred.

ADMISSIONS PROCESS

- **Initial contact:** Syl Edgeley
 - By phone: 01454 412194
 - email: admissions@sheilingschool.org.uk
 - Or letter sent to: Syl Edgeley – Admissions Coordinator, Sheiling School, Thornbury Park, Bristol, BS35 1HP.

- **Requesting Reports:** All relevant documents to be received at least one week prior to visit. Please see Check list below.

- **Informal Visit:** Prospective parents, carer or Authorities to visit the School (can be with or without prospective pupils). If initial visit and interview is requested at the same time, documents listed below must be received a minimum of one week prior to visit.

Check list

	Received	Date
Latest Statement of Special Educational Needs	Yes/No	
Latest school report	Yes/No	
Psychiatrist/ Psychologist reports	Yes/No	
Consultant reports, or any medical reports	Yes/No	
Behaviour Management Plans from previous school	Yes/No	
Risk Assessment	Yes/No	
Care Plan	Yes/No	
Health Care Plan	Yes/No	
Incident reports. Charts of Significant Incidents	Yes/No	
OT / Physio / SALT reports	Yes/No	
All About Me / Pupil Passport	Yes/No	
Transport Passport	Yes/No	
	Yes/No	

- **Interview Form:** To be completed by parents or carer. Date of interview is confirmed once this and all relevant documents from check list are received.
- **Interview and Assessment:** to be followed by further visits, trial school days and over night stays as appropriate.
- **Offer of Placement:** Will be subject to LEA funding criteria being met.

The letter will include these documents:

1. Terms of admission
2. Term dates
3. Fee schedule

- **Offer Accepted:** In writing by LEA, funding granted and necessary paperwork is completed. Acceptance of Placement signed.
- **Confirmation of starting date:** Starting date will be confirmed once *Draft* PSBP, Risk Assessment and Care & Education Plan have been confirmed by all parties.
- **Welcome Pack:** The Admissions co-ordinator will then send the parents further details of the class / teacher etc. with the Welcome Pack which will include any transition information.

LIST OF DOCUMENTS TO BE SIGNED BY PARENTS BEFORE PUPIL STARTS

Enclosures to parents when admission confirmed	Sent	Received
Record of Immunisation	Yes/No	Yes/No
Parental Consent for Homely First Aid Remedies	Yes/No	Yes/No
Medication Advice & Authorisation (Send out 2 copies or as many as needed depending on medication of pupil)	Yes/No	Yes/No
Consent Form for Homeopathic/Anthroposophical Medicines, Emergency Treatment, Transport & Outings, Photo & Digital Media and Therapies	Yes/No	Yes/No
Family doctor services registration	Yes/No	Yes/No
How to complete Doctor services registration form	Yes/No	Yes/No

- **Initial Follow up Plan in Place: If required** joint meeting of Teacher, Houseparent, LEA, and Admissions Group to finalise pupil's admission, including Transition Plan.

Policy	Date	By
Created on	10-12-2012	Nico Sialelli, Rikke Julin, Syl Edgeley and Margrit Burns
Adopted by Council on		
Frequency of review	Annually	SMG Member(s)
Reviewed on	16-05-2014	Nico Sialelli
Reviewed on	03.03.16	Syl Edgeley
Reviewed on		
Reviewed on		

INITIAL PUPIL ENQUIRY FORM

Date:

When is the place required?

Have you contacted us before?

Have you seen our website?

Where did you hear about us?

Do you understand that we do not currently offer 52-weeks placements?

Which Local Authority does the pupil come from?

Pupils Name:

Sex:

Date of birth:

Name of Parents/Guardian/ Carer:

Tel:

Address:

Email:

Is the pupil Statemented? :

Therapies and Needs (significant medical needs?)

Moving to area? When?

Why looking for placement?

Fees are:



Sheiling School Thornbury

INTERVIEW FORM

Full Name:

Male / Female:

Date of Birth:

NHS No:

Names Parents/Guardians:

Address:

Address:

Postcode:

Tel No:

E-mail:

Parents Religion:

Contact Restrictions:

Provision under which pupil is provided with accommodation (if residential):

LAC or other?

Other family members/Guardians:

Name	Relation	Sibling age

Professional Contacts

Social worker

Name:

Address:

Phone:

Mobile:

E-mail:

GP

Name of GP:

Surgery:

Address:

Phone:

E-mail:

SCHOOL CURRENT/ LAST ATTENDED

Name:

Type (e.g. mainstream, Special Needs)

Address:

Phone:

E-mail:

If placed in residential provision please provide details:

CONSULTANTS

Paediatrician:

Neurologist:

Psychiatrist:

Other:

ANY KNOWN HEREDITARY OR CONGENITAL DISEASES FROM EITHER PARENTS' FAMILY OR OTHER MEDICAL CONDITIONS, E.G. EPILEPSY OR MENTAL HEALTH PROBLEMS.

MILESTONES - AT WHAT AGE DID THE CHILD FIRST:

- a) Smile
- b) Reach
- c) Sit
- d) Crawl
- e) Stand
- f) Walk unaided
- g) Say first words
- h) Speak on sentences
- i) When did teething start?

DID YOUR CHILD SHOW AFFECTION?

ANY ILLNESSES, HIGH TEMPERATURE, CONVULSIONS, CHILDREN'S DISEASES, INJURIES/ACCIDENTS AND AT WHAT AGE?

AT WHAT AGE DID YOU FIRST NOTICE ANY DEVELOPMENTAL DIFFERENCES? WHAT WAS THE INITIAL DIAGNOSIS?

PLEASE GIVE DETAILS OF PREVIOUS SCHOOLS

- Name, type and location of school or centre

- Approximate dates of attendance

- Reason for leaving

ALL ABOUT ME (general disposition, mood swings, fears, anxieties, phobias, likes/dislikes, what makes me happy/upset, ability to play, concept of time)

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BEHAVIOUR AND EMOTIONAL STATE (Behavioural triggers, obsessions/compulsions, challenging behaviour, sexualised behaviour, aggression towards self or others, bullying/targeting others, making allegations, absconding, Any other particular areas of concern, especially in terms of possible danger to self or others, e.g. in traffic situations, with electricity, fire, knives etc.)

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TRAFFIC LIGHT: GREEN Baseline Behaviour	
When I am happy and settled I am like this	
TRAFFIC LIGHT: AMBER	
When things are not quite right I am like this	
TRAFFIC LIGHT: RED	
When I am unhappy or cross about something I am like this	

RISK AND PHYSICAL INTERVENTION REDUCTION PLAN
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1. Primary Preventative Strategy (Stage 1) – Being Proactive

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2. Secondary Preventative Strategy (Stage 2) – De-escalation/Diversionsary tactics

3. Responsive strategy (Stage 3)

3.1 General Strategies

- Continue at all times to use de-escalation strategies described in Stage 1 & 2.

3.2 Staff Support and Level of Supervision

3.3 Identified behaviours (delete as appropriate)	Preferred approach(es) and/or technique(s)
Severe disruption of lesson/activity	Example: Verbal request made for behaviour to stop. If unsuccessful, Verbal request made for pupil to leave the room. If unsuccessful, child/ young person guided from the room in a one- person escort.
Slapping	
Scratching	
Pinching	
Biting	
Pushing	
Punching	
Kicking	
Spitting	

Hair grabbing	
Neck grabbing	
Clothing grabbing	
Arm grabbing	
Body holds	
'Weapon'/missiles being thrown	
Self harm	
Running away/absconding	
Other	

4. Medical Conditions that should be taken into account if physical intervention is needed

i.e. Recent illness (cold will affect breathing), Asthma, Brittle bones, epilepsy, etc.

5. Recovery and De-briefing process following incident

Describe preferred and most helpful process for pupil. How long does the pupil usually need as recovery time? When is the best time to do the debrief with the pupil (if appropriate)? Who should do it? Etc

PHYSICAL ABILITY (fine/gross motor skills, spatial awareness)

LANGUAGE AND COMMUNICATION (Description of communication including use of language, signing, visual or other aids i.e. AAC device)

APPROACH AND ATTITUDE TO LEARNING (Current academic levels in literacy, numeracy, IT, concentration span, use of learning aids, etc)

PERSONAL CARE

- Dressing/undressing

- Washing /bathing/showering

- Dental care

- Toileting (including support/advice re menstruation, shaving)

SLEEPING (night time routine, sleeping patterns)

MEDICAL

- General health

- Medical conditions incl. allergies

- Any difficulties administering medication

- Please list all current medication/supplements

ANY HOSPITAL ADMISSION OR OUTPATIENT TREATMENT (Please give all relevant details below, stating in each case)

1. Name and address of hospital
2. Date of admission:
3. Name of doctor or Surgeon:
4. Reason for treatment:

HAS YOUR CHILD HAD ANY PSYCHOLOGICAL TESTING (educational psychologist, clinical psychologist, psychiatrist, OT, S<, BIBIC, CAHMS)

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NUTRITION AND MEAL TIMES

- Special dietary needs
- Preferences
- Support needs

RELATIONSHIPS (with family and others)

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INDEPENDENCE SKILLS (road safety, use of public amenities and transport i.e. shopping, domestic tasks)

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LEISURE ACTIVITIES (Description of interests, hobbies and leisure activities)

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RELIGION, CULTURAL PREFERENCES ETHNICITY, MOTHER TONGUE

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ENVIRONMENTAL FACTORS (Description of how your child relates to his/her environment, sensory stimulation (noises, dogs, large groups, indoor/outdoor))

ANY OTHER COMMENTS

INTERNAL USE ONLY

DATE OF INTERVIEW:

PRESENT AT THE INTERVIEW:

INTERVIEWED BY:

PLACEMENT REQUESTED BY:

FUNDING:

STAFFING RATIO:

INTERVIEW OUTCOME:

OTHER:

Signed:

Position:

Date: