**Residential Specialist School only pathway**

Use this form to apply for residential specialist school (RSS) enrolment through the RSS only pathway.

**Before you start**

**Please ensure you have discussed this application and have parent/legal guardian consent prior to starting the application process**

Read about RSS and pathways to enrolment:

* [About Residential specialist schools](https://education.govt.nz/school/student-support/special-education/residential-special-schools-for-students-with-vision-hearing-behavioural-and-learning-needs/)
* [The RSS only pathway](https://education.govt.nz/school/student-support/special-education/residential-special-schools-for-students-with-vision-hearing-behavioural-and-learning-needs/residential-special-school-enrolment-direct-access-pathway/)

This form is completed by the current learning support provider, in conjunction with the family / whānau and others supporting the young person. Applications can be made by any of the following who are currently working with the young person:

* Learning Support services, Ministry of Education
* Resource Teacher Learning and Behaviour
* Ongoing Resourcing Scheme (ORS) day special schools and fund holder schools that the young person attends.

Referrals must meet **all four** criteria.

1. The young person must be between the ages of 8-15 years (years 3-10)
2. The young person has behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty) and requires support in the education setting
3. Local learning support services have been fully uitilised for the young person and family and are unable to meet need
4. The young person does not need an intervention in the home or community (the child/young person does not need intensive services such as Te Kahu Tōī - Intensive Wraparound Service, Oranga Tamariki or High and Complex Needs service provision).

**NB** The risk assessment with help clarify if a RSS is a suitable option. Please identify any risk factors that the young person may present with and how these will be mitigated within a residential setting.

Write succinctly. Summarise or quote from reports where relevant. Avoid repeating information in more than one section. Do not attach other reports.

Complete and submit these three forms with your application:

* [Parental Consent Form](http://education.govt.nz/assets/Documents/School/Supporting-students/Students-with-Special-Needs/Parental-consent-to-apply-for-Residential-Special-School-Access-Only-1.docx)
* [Manager and Manager Learning Support/ RTLB/ Day Special School sign off form](http://education.govt.nz/assets/Documents/School/Supporting-students/Students-with-Special-Needs/Manager-sign-off-.docx)
* [Risk assessment form](http://education.govt.nz/assets/Documents/School/Supporting-students/Students-with-Special-Needs/RSS-only-risk-assessment-form-.docx)

**Section 1: Residential School Selection – please select the most suitable option based on needs**

[ ]  **Westbridge Residential School – Auckland**

Westbridge Residential School is a co-educational, trauma-informed school. The school works in collaboration with the IWS, MOE and whanau, to provide programmes for our students that will enable them to: Maximise their learning, strengths and potential and develop positive and pro-social behaviours; enhance their cultural identity and self-efficacy; successfully transition back to their whanau, school and community. For more information about the school see: <https://www.westbridge.school.nz/>

[ ]  **Salisbury Residential School – Nelson**

Salisbury Residential School is a school for girls that specialises in the provision of academic learning, life skills, and therapeutic programmes for students who are not achieving in their local community school. Salisbury also offers the opportunity for students to develop the skills, knowledge and positive attitude that will assist them to manage inclusive school setting when they return to their home community or to access tertiary courses or supported employment options if secondary education has been completed. For more information about the school see: <https://www.salisbury.school.nz/>

[ ]  **Halswell Residential School – Christchurch**
Halswell Residential School is a co-educational school that specialises in working with young people with intellectual difficulties and complex behaviours. The facilities, specialised curricular, and highly trained practitioners support students within a therapeutic environment, designed to assist them to develop to their full potential. For more information about the school see: <https://www.halswellcollege.com/>

**Section 2: Criteria One – young person’s age and year level**

Is the young person 8-15 years (years 3-10)? [ ]

|  |  |
| --- | --- |
| Legal name / given name | Click here to enter text. |
| Preferred name | Click here to enter text. |
| Surname | Click here to enter text. |
| Date of birth | Click here to enter a date. |

GENDER Male [ ]  Female [ ]  Gender diverse [ ]

ETHNICITY

Māori [ ]  Pacific Peoples [ ]

European [ ]  Asian [ ]

Middle Eastern [ ]  Latin American [ ]

African [ ]  Other [ ]

Prefer not say [ ]

**Young person’s comments on attending a Residential Specialist School**

Indicate how the student thinks attending a residential specialist school would help them. In what ways have you supported the young person to understand what a RSS does

|  |
| --- |
| Click here to enter text. |

**Parent/caregiver information**

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Phone number | Click here to enter text. |
| Contact email | Click here to enter text. |
| Address | Click here to enter text. |

HAS THIS YOUNG PERSON HAD MULTIPLE HOME PLACEMENTS?

 Yes [ ]  No[ ]  Not known[ ]

DESCRIBE THE YOUNG PERSON’S HISTORIC AND CURRENT LIVING, FAMILY AND CAREGIVING ARRANGEMENTS

|  |
| --- |
| Click here to enter text. |

PARENT/CAREGIVER/WHĀNAU HOPES AND ASPIRATIONS FOR THEIR SON OR DAUGHTER

*Include words and views of the parents/caregivers/whānau from actual discussion.*

*Include future hopes and dreams and views on the current situation and the support they would like*

|  |
| --- |
| Click here to enter text. |

WHAT OUTCOMES DO YOU WANT TO ACHIEVE THROUGH THIS ENROLMENT?

*Include educational outcomes and other personal or family outcomes that are relevant to this RSS application.*

|  |
| --- |
| Click here to enter text. |

Has the young person VISITED AN RSS?

Yes [ ]  No [ ]

**Current school information**

|  |  |
| --- | --- |
| School name | Click here to enter text. |
| Current year level | Click here to enter text. |
| Kahui Ako / Community of Learning | Click here to enter text. |

PLEASE SELECT THE DESCRIPTOR THAT BEST DESCRIBES THE YOUNG PERSON'S CURRENT ENROLMENT STATUS

Attending full time [ ]  Attending part time [ ]

Not currently enrolled in school [ ]  Stood down [ ]

Suspended [ ]  Excluded [ ]

HAS THIS YOUNG PERSON HAD MULTIPLE EDUCATIONAL PLACEMENTS?

Yes [ ]  No [ ]

DESCRIBE THE YOUNG PERSON’S HISTORIC AND CURRENT EDUCATIONAL ARRANGEMENTS

|  |
| --- |
| Click here to enter text. |

**Returning school information (if unknown, the Lead Worker must commit to finding a school prior to transition)**

|  |  |
| --- | --- |
| Proposed returning school name | Click here to enter text. |
| Proposed year of return | Click here to enter text. |
| Proposed term of return | Click here to enter text. |

LEVEL OF COMMITMENT TO THIS TRANSISTION

 Not known [ ]  No commitment [ ]

 Some commitment [ ]  High commitment [ ]

**Information about services the young person is currently accessing**

IS THE STUDENT VERIFIED FOR THE ONGOING RESOURCING SCHEME (ORS)?

 Not known [ ]  Not Verified [ ]

 Yes - High Needs [ ]  Yes - Very High Needs [ ]

CURRENT SERVICES

|  |  |  |
| --- | --- | --- |
|  | Is currently receiving | Date this support started |
| Ministry of Education, Behaviour Service | [ ]  | Click here to enter a date. |
| Resource Teacher Learning and Behaviour Service | [ ]  | Click here to enter a date. |
| Ministry of Education, Complex Needs Service (ORS-verified students) | [ ]  | Click here to enter a date. |
| Specialist services from ORS-funding school (day special school or fundholder school) | [ ]  | Click here to enter a date. |
| Other Click here to enter text. | [ ]  | Click here to enter a date. |

**Section 3: Criteria Two – The child/young person has behaviour, social and/or learning needs that are highly complex and challenging (and may have an associated intellectual difficulty).**

[ ]  The young person has behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty) and requires support only in the school setting

DESCRIBE UNMET NEEDS IDENTIFIED AT SCHOOL

|  |
| --- |
| Click here to enter text. |

**Needs Identified through ecological assessment**

NB The RSS Enrolment Group considering this application will look for evidence that a thorough ecological assessment of the young person's environment has been carried out. They will look to see that appropriate interventions have been planned and implemented, and ongoing support has been provided. A full assessment and intervention plans must be sighted by the referrer’s manager before making an application.

Utilise the Te Pikinga Ki Runga prompts to describe the young person's needs that are not being addressed through supports that are currently in place.

TINANA – PHYSICAL *(physical health, cognitive/intellectual, safety and wellbeing, temperament and energy levels. Student’s strengths)*

|  |
| --- |
| Click here to enter text. |

HINENGARO - PSYCHOLOGICAL *(relationships and friendships, connectedness to whanau, social functioning, cognitive/intellectual, sense of belonging. Family strengths and culture)*

|  |
| --- |
| Click here to enter text. |

MANA MOTHUAKE - AUTONOMY (*self-concept and belief, attitude and spirit, resilience, confidence, cultural pride and security. Student strengths)*

|  |
| --- |
| Click here to enter text. |

NGĀ TĀKARO - LEISURE AND RECREATION (*recreation and leisure activities, community engagement. Community strengths)*

|  |
| --- |
| Click here to enter text. |

ASSESSMENT FINDINGS AND ANALYSIS

|  |
| --- |
| Click here to enter text. |

ADDITIONAL BACKGROUND INFORMATION OR COMMENT

|  |
| --- |
| Click here to enter text. |

**Section 4: Criteria Three – Local learning support services have been fully utilised for the young person and family and are unable to meet need**

Please tick to indicate the criteria is met

[ ]  Local learning support services have been fully utilised for the young person and family and are unable to meet need.

INTERVENTIONS AND OUTCOMES FOR THE PREVIOUS 6 MONTHS

Provide a summary of the interventions carried out in the previous 5 years, emphasizing information for *interventions in the previous 6 months. This must include:*

* *all interventions carried out by current Learning Support service provider(s)*
* *interventions carried out by other agencies or services where appropriate.*

*Ensure the outcome evaluation column describes what happened as a result of the intervention, i.e. whether the intervention was effective, and if not, why not.*

|  |  |
| --- | --- |
| Name of intervention (e.g. social skills group | Click here to enter text. |
| Dates | Start | Click here to enter a date. | End | Click here to enter a date. |
| Provided by | Click here to enter text. |
| Outcome | Choose an outcome. |
| Evaluation | Click here to enter text. |

|  |  |
| --- | --- |
| Name of intervention  | Click here to enter text. |
| Dates | Start | Click here to enter a date. | End | Click here to enter a date. |
| Provided by | Click here to enter text. |
| Outcome | Choose an outcome. |
| Evaluation | Click here to enter text. |

|  |  |
| --- | --- |
| Name of intervention | Click here to enter text. |
| Dates | Start | Click here to enter a date. | End | Click here to enter a date. |
| Provided by | Click here to enter text. |
| Outcome | Choose an outcome. |
| Evaluation | Click here to enter text. |

|  |  |
| --- | --- |
| Name of intervention  | Click here to enter text. |
| Dates | Start | Click here to enter a date. | End | Click here to enter a date. |
| Provided by | Click here to enter text. |
| Outcome | Choose an outcome. |
| Evaluation | Click here to enter text. |

COMMENTS

*(Include the young person’s views on their current support and what they would like in future)*

|  |
| --- |
| Click here to enter text. |

WHO IS THE KEY WORKER/LEAD WORKER FOR THIS YOUNG PERSON?

|  |
| --- |
| Click here to enter text. |

Lead workers email address:

|  |
| --- |
| Click here to enter text. |

Lead workers contact number:

|  |
| --- |
| Click here to enter text. |

AVAILABILITY FOR ONGOING ROLE

The referring service/ Lead Worker **MUST** be available to have an ongoing role in supporting this young person while they transition in and out of the RSS and while they attend the RSS. This is necessary for ongoing support for the young person if at any time they are not able to remain at the RSS for unforeseen circumstances.

Are there any concerns at present which may prevent ongoing involvement of the lead worker?

Yes [ ]  No [ ]

**NB** provision on the manager sign off form.

FURTHER INFORMATION ABOUT THE LEAD WORKER ROLE IN THE HOME REGION

* Describe the learning support that will be available to support the young person to transition into a RSS?
* What support will be available in the home including in the school holidays?
* What support will be available as the young person transitions back home, particularly after year 10?

|  |
| --- |
| Click here to enter text. |

 **Key Agencies and Services Involved**

|  |  |
| --- | --- |
| Service | Click here to enter text. |
| Key contact name | Click here to enter text. |
| Contact email | Click here to enter text. |
| Notes | Click here to enter text. |

 Involved [ ]  pending or waitlisted [ ]  recently closed [ ]

|  |  |
| --- | --- |
| Service | Click here to enter text. |
| Key contact name | Click here to enter text. |
| Contact email | Click here to enter text. |
| Notes | Click here to enter text. |

 Involved [ ]  pending or waitlisted [ ]  recently closed [ ]

|  |  |
| --- | --- |
| Service | Click here to enter text. |
| Key contact name | Click here to enter text. |
| Contact email | Click here to enter text. |
| Notes | Click here to enter text. |

 Involved [ ]  pending or waitlisted [ ]  recently closed [ ]

* **Section 5: Criteria Four – The young person does not need an intervention in the home or community (the child/young person does not need intensive services such as Te Kahu Tōī - Intensive Wraparound Service, Oranga Tamariki or High and Complex Needs service provision).**

Please tick to indicate the criteria is met

The child/young person does not need intensive services such as Te Kahu Tōī, Intensive Wraparound Service, Oranga Tamariki or High and Complex Needs) [ ]

It is important when considering an RSS only placement for a young person that it will be suitable for them. If a young person has significantly high needs these may not be able to be adequately met only through an RSS only placement.

ARE THERE ANY CARE AND PROTECTION ISSUES IDENTIFIED BY THE FAMILY, REFERRER OR SCHOOL?

 Yes [ ]  No [ ]

**NB** If the young person has been placed in the care/custody of the Chief Executive of Ministry of Children, Oranga Tamariki (MCOT), please provide the legal status of this placement (e.g. Section 101 - in the custody of the CE by Family Court Order, following the making of a declaration)

LEGAL STATUS OF PLACEMENT

|  |
| --- |
| Click here to enter text. |

**Section 6: Risk Assessment**

A risk assessment needs to be completed to support this application and it needs to be attached.

A RISK ASSESSMENT HAS BEEN CARRIED OUT FOR THIS APPLICATION

*If no, this application will not proceed.*

Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Name of assessor | Click here to enter text. |
| Phone number | Click here to enter text. |
| Name of peer reviewer or person who supported the risk assessment | Click here to enter text. |
| Name of manager who has approved the risk assessment | Click here to enter text. |

***Please attach risk assessment document to this application form.***

**Section 7: Application sign-off**

At this point, you will need to have the parents/legal guardian(s), and your manager look at this submission. You can print it out to show it to them by clicking the button below.

Security of Information is important. If you email the application, please make sure it is password protected.

**Parent/legal guardian consent**

[*Click to download (Parental-consent-to-apply-for-Residential-Specialist-School-Access-Only.docx)*](http://education.govt.nz/assets/Documents/School/Supporting-students/Students-with-Special-Needs/Parental-consent-to-apply-for-Residential-Special-School-Access-Only-1.docx)

***Please attach signed parent/legal guardian consent form to this application form.***

**Manager and Manager Learning Support sign-off**

|  |  |
| --- | --- |
| Manager’s name | Click here to enter text. |

[*Click to download (SM-and-LSM-approval-to-apply-for-Residential-Specialist-School-Direct-Access.docx)*](http://education.govt.nz/assets/Documents/School/Supporting-students/Students-with-Special-Needs/Manager-sign-off-.docx)

***Please attach signed manager and LSM approval form to this application form.***

|  |
| --- |
| **All completed applications should be emailed to** **RSS.Enrolments@education.govt.nz** |

**Please Note!**

Please note that a Section 9 agreement is needed for all Specialist School enrolment requests. This process will be completed once your application is reviewed by regional panels and RSS principals.

**Save a copy of your form!**

Please save a copy of your form before submitting for your records.