**Residential Special School only pathway**

Use this form to apply for residential special school (RSS) enrolment through the RSS only pathway, without Te Kahu Tōī, Intensive Wraparound Service (IWS).

**Before you start**

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

Read about RSS and pathways to enrolment:

* [About Residential special 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/)
* [Te Kahu Tōī Intensive Wraparound Service (IWS) with RSS](https://education.govt.nz/school/student-support/special-education/intensive-wraparound-service-iws/residential-special-schools-and-the-intensive-wraparound-service-iws/)

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.

Please note:

* Referrals must meet all three criteria.
* The risk assessment with help clarify if a RSS is a suitable option.
* 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](https://forms.education.govt.nz/assets/SES004/Parental-consent-to-apply-for-Residential-Special-School-Access-Only.docx)
* [Manager and Manager Learning Support sign off form](https://moeforms.cwp.govt.nz/assets/SES004/Manager-and-Manager-Learning-Support-approval-to-apply-for-Residential-Special-School-Direct-Access.docx)
* [Risk assessment form](https://forms.education.govt.nz/assets/SES004/Direct-access-pathway-Residential-Risk-Assessment-August-2018-003.docx)

**Section 1: 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 hopes and aspirations for the future**

Include information that is based on actual discussion with the young person (or through observation and interpretation of their behaviour if direct discussion is not possible). Indicate how the student feels about their current situation and the support they would like to make things better.

|  |
| --- |
| 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. |

HAVE YOU VISITED A RSS?

Yes [ ]  No [ ]

PREFERRED RESIDENTIAL SPECIAL SCHOOL

*If you have one*

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

**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. |

PARTICIPATION / ENGAGEMENT

*Current teacher rating of participation/engagement in the classroom*

 Fully engaged [ ]  Well engaged [ ]

 Moderately engaged [ ]  Slightly engaged [ ]

 Disengaged [ ]

**Returning school information (if known)**

|  |  |
| --- | --- |
| 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)?

|  |  |  |  |
| --- | --- | --- | --- |
| High needs [ ]  | Very high needs [ ]  | ORS number  | Click here to enter text. |

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 2: Criteria Two – Needs across multiple settings**

[ ]  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 at school, at home and in the community

OVERVIEW OF NEED BY SETTING None Emerging Established Very high level

At school [ ]  [ ]  [ ]  [ ]

At home [ ]  [ ]  [ ]  [ ]

In community [ ]  [ ]  [ ]  [ ]

DESCRIBE UNMET NEEDS IDENTIFIED AT SCHOOL

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

DESCRIBE UNMET NEEDS IDENTIFIED AT HOME

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

DESCRIBE UNMET NEEDS IDENTIFIED IN THE COMMUNITY

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

**Needs Identified through ecological assessment**

NB The panel 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 referrers 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, 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, sense of belonging. Family strengths and culture)*

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

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

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

HONONGA - RELATIONSHIPS *(relationships and friendships, connectedness to whanau, social functioning, sense of belonging, family strengths and culture)*

|  |
| --- |
| 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 3: Criteria Three – Local learning support services**

Please tick to indicate the criteria is met

[ ]  Local learning support services have been fully uitilised 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. |

AVAILABILITY FOR ONGOING ROLE

Is the lead worker available to have an ongoing role in supporting this young person while they transition in and out of the RSS and and while they attend the RSS?

 Yes [ ]  No [ ]

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. |

**Other 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 [ ]

|  |  |
| --- | --- |
| 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 [ ]

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 4: 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 5: 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-Special-School-Access-Only.docx)*](https://forms.education.govt.nz/assets/SES004/Parental-consent-to-apply-for-Residential-Special-School-Access-Only.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-Special-School-Direct-Access.docx)*](https://moeforms.cwp.govt.nz/assets/SES004/Manager-and-Manager-Learning-Support-approval-to-apply-for-Residential-Special-School-Direct-Access.docx)

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

|  |  |
| --- | --- |
| CHOOSE PANEL MAILBOX | Choose an item. |

**Please Note!**

Please note that a Section 9 agreement is needed for all special 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.