**TE KAHU TOI, INTENSIVE WRAPAROUND**

**SERVICE APPLICATION**

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

This form is completed by a referrer, in conjunction with the family / whānau and others supporting the child / young person. Applications can be made by any of the following:

* Learning Support, Ministry of Education Services
* Resource Teacher Learning and Behaviour service (RTLB)
* Day Special Schools or Fundholding Schools that the child/young person with ORS attends.

**Instructions for completing this form**

* Referrals must meet all three criteria before they can be considered for prioritisation
* Write succinctly
* Summarise or quote from reports where relevant.
* Avoid repeating information in more than one section.

Download the consent forms here:

* [Parental Consent Form (Parental-consent-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)](https://forms.education.govt.nz/assets/SES003/Parental-consent-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)
* [Service Manager/LSM Sign Off (SM-and-LSM-approval-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)](https://forms.education.govt.nz/assets/SES003/SM-and-LSM-approval-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)

**Criterion One: child/young person’s age**

Is the young person in years 0-10? Yes  No

**Student information**

|  |  |
| --- | --- |
| 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. |
| Contact email | Click here to enter text. |
| Student NSN# | Click here to enter number. |

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**

|  |  |
| --- | --- |
| Legal Name | Click here to enter text. |
| Preferred name | Click here to enter text. |
| Surname | Click here to enter text. |
| Contact phone number | Click here to enter text. |

|  |  |
| --- | --- |
| Legal Name | Click here to enter text. |
| Preferred name | Click here to enter text. |
| Surname | Click here to enter text. |
| Contact phone number | Click here to enter text. |

PARENT/CAREGIVER/WHĀNAU’S VIEWS AND ASPIRATIONS

Include information that is based on actual discussions with the parent(s)/caregiver(s)/whānau. Describe what they feel about their current situation and the support they would like to make things better for their child/young person.

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

**Current school information**

|  |  |
| --- | --- |
| School name | Click here to enter text. |
| Current year level | Choose an item. |
| Kahui Ako / Community of Learning (if not applicable, please leave blank) | 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

PARTICIPATION/ENGAGEMENT

Current teacher rating of participation/engagement in the classroom (if attending school)

Fully engaged  Well engaged

Moderately engaged  Slightly engaged

Disengaged

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

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

|  |  |
| --- | --- |
| Yes | No |
| High needs | Very high needs | ORS number | Click here to enter. |

|  |  |  |
| --- | --- | --- |
| 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. |

**Criterion Two; Needs across multiple settings**

The young person has needs across multiple settings

Te Kahu Toi, The Intensive Wraparound Service (IWS) is for the small number of children/young people who have behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty) requiring support across home, school, and in the community.

Please indicate the level of assessed need that the child/young person has across home, school and community settings.

SETTING None Mild Moderate High

At school

At home

In community

**NOTE** The panel considering this application will look for evidence that a thorough ecological assessment of the child/young person's environment has been carried out and intervention with monitoring has been ongoing for at least 6-12 months - a full assessment and intervention plans must be sighted by your manager before making an application for intensive support.

**Needs Identified through ecological assessment**

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 *(mental health, attitudes and values, thoughts and feelings, motivation and inspiration, ability to access academic learning, cognitive functioning communication and understanding. School (facility and personnel) strengths)*

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

HONONGA - RELATIONSHIPS *(relationships and friendships, connectedness to whānau, 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. |

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. |

**Criterion Three: Local learning support services**

Please tick to indicate the criteria is met

Local learning support services available to the child/young person and their whānau have been fully uitilised and are unable to meet their needs.

*Local services includes those provided by the Ministry of Education and other locally available government and non-government services.*

INTERVENTIONS AND OUTCOMES FOR THE PREVIOUS 6 MONTHS

Provide a summary of the interventions carried out in the previous 5 years, emphasising 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. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | |

PLEASE DESCRIBE ANY ADDITIONAL INTERVENTIONS

*Begin each intervention on a new line and note the start and end date, who it was provided by, the outcome and the evaluation.*

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

COMMENTS

*Explain any underlying reasons for why interventions may have been unsuccessful in the past.*

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

**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: 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.

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-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)*](https://forms.education.govt.nz/assets/SES003/Parental-consent-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)

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

**Management sign-off**

|  |  |
| --- | --- |
| Select service manager | Choose an item. |

Current comprehensive assessment report and intervention plans have been sighted by my manager and are available to view should the child/young person be prioritised for Te Kahu Toi, Intensive wraparound service.

[*Click to download (SM-and-LSM-approval-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)*](https://forms.education.govt.nz/assets/SES003/SM-and-LSM-approval-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)

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

**Save a copy of your form!**

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