|  |  |
| --- | --- |
| **Service Level Agreement (SLA)**  **For the placement of pupils in LA commissioned Alternative Provision (AP)** | |
| **THE PURPOSE AND TERMS OF THE SLA** | |
| This agreement is between the home school and the AP and includes:   * The child remains on roll with the home school and will be dual registered with the allocated AP and will return to their home school when the intervention is complete * The AP will work in partnership with the home school to address attendance concerns * Schools retain responsibility for the pupil during the AP placement * Safeguarding concerns will be reported to the home school Designated Safeguarding Lead * Schools will attend reviews and meet with the Tutor/Provider and parents to complete relevant education plans e.g. PEP, IEP or other * Schools will maintain weekly contact with child and family during the period of tuition/provision and reviews will take place at least every 6-8 weeks * Schools will work with AP providers to plan and implement any arrangements to assist with re-integration into school * Schools remain responsible for Careers Education, Information, Advice and Guidance * To ensure that the child remains part of the school community, all information for students, parents/carers is sent home even if the child is not attending school | |
|  | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **PUPIL’S DETAILS** | | | | | | | |  | | | | | | | | **Family Name** | |  | | | | | | **First Name** | |  | | | | | | **Known As (if applicable)** | |  | | | | | | **Personal ID Number** | |  | | | | | | **Unique Pupil Number (UPN)** | |  | | | | | | **Date of Birth** |  | | **Gender** | **Male** | **Female** | **Other** | | **Social Care Status** |  | | | | | **EHCP** | | |
| **PARTIES TO THE SLA** | |
|  | |
| **The School** | |
| **Name of school** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Key staff name** |  |
|  | |
| **The Provider** | |
| **Name of AP** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Key staff name** |  |

|  |  |
| --- | --- |
| **PLACEMENT DETAILS** | |
|  | |
| **Admission Date** |  |
| **First Review Date** |  |
| **Review Frequency** |  |
| **Intended End Date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EXPECTED OUTCOMES** | | | | | |
|  | | | | | |
| **Attendance to be reported weekly to home school with notification if child has not attended for 10 consecutive sessions** | | | | | |
| **Outcome 1** | | | | **Arrangements for review including frequency** | |
|  | | | |  | |
| **Outcome 2** | | | |
|  | | | |
| **Outcome 3** | | | |
|  | | | |
|  |  | | | | |
| **FINANCIAL ARRANGEMENTS** | | | | | |
| **Payment** | | | | | |
| **Cost to Home School** | |  | **Agreed terms of payment** | |  |
|  |  | | | | |

|  |
| --- |
| **Signatories to SLA** |

|  |  |  |  |
| --- | --- | --- | --- |
| **School REPRESENTATIVE** | | | |
| **NAME** |  | | |
| **POSITION** |  | | |
| **SIGNATURE** |  | **DATE** |  |
|  | | | |
| **AP REPRESENTATIVE** | | | |
| **NAME** |  | | |
| **POSITION** |  | | |
| **SIGNATURE** |  | **DATE** |  |