**Solihull Single Panel for LA Commissioned AP**

**Eligibility Checklist**

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| --- | --- | --- | --- | --- | --- |
| Pupil |       | DoB  |       | NC Year |       |

|  |  |  |
| --- | --- | --- |
| Documentation  | E / D | Attached |
| Referral Form fully completed | E | ☐ |
| Details of Assess-Plan-Do-Review | D | ☐ |
| Minutes from pre-referral Team Around the Child (TAC) | D | ☐ |
| Early Help referral considered | D | ☐ |
| Social Care support/involvement | D | ☐ |
| Most recent school report academic data (including targets and progress) | E | ☐ |
| SEMH report/evidence of specialist SEMH advice  | E | ☐ |
| Internal / External Behaviour or Learner Support Plans | D | ☐ |
| Pastoral Support or Behaviour Plan  | D | ☐ |
| Risk Assessment | D | ☐ |
| Internal/Suspension Record | E | ☐ |
| SEN Support Plan  | E | ☐ |
| Educational Psychologist Support | D | ☐ |
| Attendance Certificate | E | ☐ |
| Medical Evidence Form (if unable to attend due to health needs) | D/E |  |
| Mental Health Agency Support e.g. Solar/MHST | D/E | ☐ |
| Medical / Consultant involvement | D/E | ☐ |
| Specialist Inclusion Support Service (SISS) or equivalent support | D | ☐ |
| Speech and Language Therapy  | D | ☐ |
| Learning Disability Team Support | D | ☐ |
| Youth Justice Services | D | ☐ |
| Youth Drug and Alcohol Project | D | ☐ |
| Other |  |  |
|       |  |  |
|  |  |  |
|  |  |  |
| Does the child meet the criteria for referral to the Panel? | E |  |

E = Essential

D = Desirable