# **05 Progress visit to Alternative Provision (AP)**

Note that the “06 Mid or End of placement evaluation form” can be completed during a progress visit (this may then replace some sections below).

With the agreement of the provider and young person, photographs may be taken of work completed to evidence progress in EHCP/LAC reviews/PEPs, for example.

## **Core information**

|  |  |
| --- | --- |
| **Name of pupil** |  |
| **Date of birth** |  |
| **Name of AP** |  |
| **Date and time of visit** |  |
| **Visit completed by (name and role)** |  |
| **Most recent risk assessment seen** |  |
| **School risk assessment updated** |  |
| **Copy received** |  |

## **Visit procedures**

|  |  |
| --- | --- |
| **Was this visit planned or unannounced?** |  |
| **On arrival, was your identity checked?** |  |
| **On arrival, were you provided with any safeguarding information?** |  |
| **On arrival, were you provided with any fire evacuation information?** |  |
| **On arrival, were you signed in effectively?** |  |
| **Did the site feel safe?** |  |
| **Was it easy to identify staff (e.g., uniforms/lanyards)?** |  |
| **Were the young people on site being effectively supported?** |  |
| **Is the learner’s risk assessment being followed?** |  |
| **Does the current risk assessment meet need?** |  |
| **Is the AP setting communicating well with the school/commissioner on attendance?** |  |
| **Is the AP setting communicating well with the school/commissioner on engagement?** |  |
| **Is the AP setting communicating well with the school/commissioner on progress?** |  |
| **Is the AP setting communicating well with the school/commissioner on behaviour?** |  |
| **General comments** | ***Provide detail if any of the answers above are ‘no’.****Add any other relevant comments/notes following your visit, e.g., safety on site, anything you saw which was done well, anything of concern; did you see any post-16 mixing with school-age pupils? Did you witness any inappropriate behaviour? Was the quality of instruction of a high standard? Was the atmosphere calm and purposeful? etc. (Cell can be expanded)* |

## **Placement Objectives**

|  |  |
| --- | --- |
| **Original objective** | **Progress to date** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **Young person’s views on the placement** | Have you been enjoying the placement?What have you been learning?How has this helped you?What impact has it had on your time in school?What is the most useful thing about this placement?What support do you get here?If you weren’t happy here, do you know who to speak to? |
| **Parent/carer views on the placement** | Is your child enjoying the placement?Have you noticed any changes in your child since starting the placement?Is attending the placement having a positive impact on your child when they are at school? |
| **Provider’s view on the placement** | Does the young person appear to be enjoying the placement?Does the young person fully engage with all activities whilst here?Has there been any change in the behaviour of the young person since attending?How do you manage any behaviour concerns? |
| **Identified actions:** | E.g., Do any of the objectives need revising or changing? Does the risk assessment need updating? Should be placement continue? Should the placement be extended? |

## **Signatures*[[1]](#footnote-1)***

We, the named persons below certify that we are authorised to refer the young person named and accept the terms of business as agreed with the referring agency/school.

We confirm that all details are current, correct and that all relevant information has been shared.

We also agree to inform relevant parties (named below) of any changes in circumstance/support needs in writing/via email.

|  |  |  |
| --- | --- | --- |
| **Signatory** | **Signature** | **Date** |
| **Parent/carer** |  |  |
| **Young person** |  |  |
| **School referrer** |  |  |
| **AP contact/lead** |  |  |
| **Other professional (name/role)** |  |  |

A completed copy of this form will be forwarded to:

* Parent/carer
* Young person
* School contact
* AP contact
* EHCP Co
* LAC Adviser
* YOT Key worker
* NHS professional
* Other relevant professional
1. If electronic, the school/referrer must retain its own evidence of this (e.g., email, record of telephone conversation) [↑](#footnote-ref-1)