Te Kahu Toi, Intensive Wraparound Service

Management Sign off and

Approval to Apply for Intensive Support

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| --- | --- | --- | --- |
| **Child/Young Person’s Name:** |  | **Date of Birth:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please confirm the following: | Service Manager  – please tick where applicable | | Learning Support Manager  – please tick where applicable | |
| Current comprehensive assessment report and intervention plans have been sighted. | |  | |  |
| Learning support resources have been fully utilised for this child/young person and I am satisfied that less intrusive or alternative strategies and services have been fully explored. | |  | |  |
| Based on the information in the application, the child/young person has highly complex needs that have not been responsive to the usual high needs services and I agree that they need an intensive wraparound service facilitated across settings. | |  | |  |
| The child/young person and their family/whānau meet all three criteria to apply for intensive support. | |  | |  |

**Service Manager / RTLB Cluster Manager / Referrer**

**Or DSS Principal:**

Name: Name:

Signature: ............................... Role:

Date: Signature: ...............................

Date:

**Learning Support Manager**

Name:

Signature: ...............................

Date: