Residential special school (RSS) only pathway

Manager approval to apply for RSS only pathway and Manager Learning Support/RTLB Cluster Manager sign off

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

This form should be signed by the referrer’s manager and by the Manager Learning Support in your region.

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| Please tick to confirm the following: |  | Service Manager/RTLB Cluster Manager/ Principal of day special or fund-holder school |
| Current comprehensive assessment report and intervention plans are in place/have been sighted. |  |  |
| Local learning support services have been considered or tried. However, RSS intervention is believed to be the best way of meeting the child/young person’s needs. |  |  |
| Based on the information in the application, the child/young person has ongoing highly complex and challenging needs requiring support at school. |  |  |
| Based on the information in the application, the child/young person does not need intervention in the home or community and does not require intensive service such as Te Kahu Tōī, IWS, Oranga Tamariki or High and Complex Needs. |  |  |
| Local learning support services will support the application process, transitions and stay involved while the young person is attending the RSS. |  |  |
| The young person and their family/whānau meet all four criteria to apply for Residential Specialist School. Their views are represented in the application. |  |  |

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

**Principal of day special or fund-holder school:** Name:

Name: Role/ Service:

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

Referrer email:

**Manager Learning Support has reviewed this request** Referrer address:

Name: Referrers phone:

Signature: ............................... Date: Name of referrer’s manager: