Te Kahu Tōī, Intensive Wraparound Service
Application Form

Use this form to apply for Te Kahu Tōī, Intensive Wraparound Service for a child/young person. This form is completed by a referrer, in conjunction with the family/whānau and others supporting the child/young person. Applications can be made by any of the following:

* Ministry of Education, Learning Support Services
* Resource Teacher Learning and Behaviour Service
* Day Special Schools or Fundholding Schools that the child/young person with ORS attends

**Instructions for completing this form**

* Referrals must meet all three criteria before they can be considered
* Write succinctly
* Summarise or quote from reports where relevant.
* Avoid repeating information in more than one section.
* Please do not attach supporting information such as reports.

Download the consent forms from the Ministry of Education Website - Education.govt.nz

* [Parent consent form[DOCX, 61 KB] (education.govt.nz)](https://www.education.govt.nz/assets/Documents/School/Supporting-students/Students-with-Special-Needs/IWS/Parental-consent-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)
* [Manager approval form[DOCX, 65 KB] (education.govt.nz)](https://www.education.govt.nz/assets/Documents/School/Supporting-students/Students-with-Special-Needs/IWS/SM-and-LSM-approval-to-apply-for-Te-Kahu-Toi-Intensive-Wraparound-Service.docx)

***Please attach signed forms when submitting this application.***

 **Te Kahu**

# SECTION ONE: Eligibility Criteria Check

## Te Kahu Tōī, Intensive Wraparound Service eligibility criteria

*Please tick to indicate that the child/young person being referred meets the eligibility criteria for the Te Kahu Tōī, Intensive Wraparound Service:*

[ ]  The child/young person is in Year 0 to Year 10 at school.

[ ]  The child/young person has behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty), and require support at home, school and in the community

NB: The panel considering this application will look for evidence that the child/young person’s needs are ongoing (despite appropriate interventions being planned and implemented) and intensive support is required at school, at home, and in the community.

[ ]  Local special education services/support have been fully utilised for the child/young person and are unable to meet need.

NB: The panel considering this application will look for evidence that all available supports that the child is eligible for have been fully explored and accessed.

**Please ensure that information in this application provides evidence that the eligibility criteria have been met.**

# SECTION TWO: Child/Young Person Information

## Information about the child/young person

|  |  |
| --- | --- |
| Child/young person’s full name (include all known first names and family/surnames) |  |
|  |
| Date of birthdd/mm/yyyy |  | Age (at application date) |  |
|  |
| National Student Number (NSN) |  | Gender |  |
|  |
| Ethnicity (up to three) |  |
|  |
| Iwi affiliation/s(if applicable) |  |
|  |
| Physical address |  | Postal address(if different) |  |

## Information about the child/young person’s family/whānau

|  |  |
| --- | --- |
| Legal guardians(s)’ name/s |  |
|  |
| Legal guardian(s)’ relationship to child/young person |  |
|  |
| Physical address of legal guardian |  | Postal address (if different) |  |
|  |
| Home phone number of legal guardian(include area code) |  | Mobile number of legal guardian |  |
|  |
| Email address/es of legal guardian |  |

*If the child/young person’s current caregiver is different to their legal guardians, please complete the following:*

|  |  |
| --- | --- |
| Current caregiver(s)’ name/s |  |
|  |
| Current caregiver(s)’ relationship to child/young person |  |
|  |
| Physical address of current caregiver |  | Postal address (if different) |  |
|  |
| Home phone number of current caregiver(include area code) |  | Mobile number of current caregiver |  |
|  |
| Email address/es of current caregiver |  |

**Information about any status with Oranga Tamariki**

*Is Oranga Tamariki (OT) involved in any way (e.g., Section 78, s91, s101, s110, s140, or other). Please state:*

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## Information about the school the child/young person is currently attending

|  |  |
| --- | --- |
| School/facility name (If the child is out of school, indicate the most recent school and date of leaving) |  |
|  |
| School number |  | Child’s current year level  |  |

## Information about service/s the child/young person is currently accessing

Please tick to indicate whether the child/young person is **verified for the Ongoing Resourcing Scheme (ORS)**:

[ ]  High Needs

[ ]  Very High Needs

|  |  |
| --- | --- |
| ORS number |  |

Please tick to indicate the **special education services** the child/young person is currently receiving: (tick as many as apply)

[ ]  Ministry of Education, Behaviour Service

|  |  |
| --- | --- |
| Date this support started: |  |

[ ]  Resource Teacher Learning and Behaviour Service

|  |  |
| --- | --- |
| Date this support started: |  |

 [ ]  Specialist services from ORS-funding holding school (for ORS-verified students)

|  |  |
| --- | --- |
| Date this support started: |  |

[ ]  Other

Please specify the other special education service/s the child/young person is currently receiving and the date/s this support started:

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| --- | --- |
| Which of these services is leading the support for the child/young person? |  |
|  |
| Other agencies involved (include the agency name, and the role, name and email address of the lead person from each agency) |  |

## Barriers to Enrolment, Attendance and Participation (BEAP)

|  |  |  |
| --- | --- | --- |
| [ ]  Part time attendance[ ]  Partial participation[ ]  Full time attendance [ ]  Full participation | [ ]  Not currently enrolled[ ]  Stood down [ ]  Suspended[ ]  Excluded  | [ ]  Transition plan in place (MoE)[ ]  Attendance service support[ ]  School engagement support |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Current Ministry response to barrier (If required, add relevant comments about circumstances)

|  |
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## History of schools the child/young person has attended

Refer to ENROL data for list the school/s the child/young person has previously attended
(Add rows as required)

|  |  |  |
| --- | --- | --- |
| **School name** | **Enrolment period (start date – leaving date)** | **Reason for leaving school** |
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Comment (If required, add relevant comments about circumstances for changing schools)

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# SECTION THREE: Evidence for Eligibility Criteria

**Criteria 1:** *The child/young person is aged Year 0 to Year 10 at school.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthdd/mm/yyyy |  | Age (at application date) |  |

**Criteria 2:** The child/young person has behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty), and require support at home, school and in the community.

## Information about the child/young person across all life contexts

This information should provide a picture of the child/young person in all areas of their life. It is important to identify strengths, as these can be used to build successful interventions. Also identify areas of need/development for the child/young person. Include as much specific data and information in this section as possible. For example, describe the frequency, severity and duration of behaviour, and learning levels and gaps (i.e. learning levels in relation to peers or age-related expectations), and how this impacts the child/young person’s engagement and participation in the classroom, at school, at home, and in the community.

**Description of presenting issues**

Use bullet points to clearly describe the presenting issues, how they appear to observers, how long they have been presenting, how severe they are and how often they occur.

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**Tinana: Physical**

*Physical health, safety and wellbeing, temperament, and energy levels.*

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| **Current situation and strengths:***Include relevant information such as:** *physical health (sight, hearing, medical needs), height and weight*
* *activity and energy levels*
* *physical development, and gross and fine motor skills*
* *Include any neurobiological factors that may be influential*
 |
| **Areas of need/ development/ risks:***Describe issues that are impacting on the child/young person that are not being addressed through supports that are currently in place.* |

**Hinengaro: Psychological**

*Mental health, attitudes and values, thoughts and feelings, motivation and inspiration, ability to access academic learning, cognitive functioning, communication and understanding*

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| **Current situation and strengths:***Include relevant information such as* * *the child/young person’s core beliefs about themselves, the world and others*
* *attitudes and values, including motivation to succeed, ambition to do well now and in the future, attitude to learning and school activities, attitude towards others and their property*
* *awareness of danger to self and others*
* *cognitive and executive functioning*
* *ability to access learning in the classroom*
* *language and communication skills including the ability to understand and express themselves verbally and nonverbally*
* *mental health strengths and concerns*
* *how the child/young person views their own development and social functioning*
 |
| **Areas of need/development/ risks:***Describe issues that are impacting on the child/young person that are not being addressed through supports that are currently in place.* |

**Hononga: Relationships**

*Relationships and friendships, connectedness to whānau, social functioning, sense of belonging*

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| **Current situation and strengths:***Include relevant information such as:** *Culture*
* *social skills, peer influences and ability to make and maintain friends in and out of school*
* *willingness to engage in social activities*
* *awareness and involvement with family/whānau and iwi*
* *family functioning, and the match between parenting skills and the child’s needs*
* *sense of belonging to social groups*
* *Attachment issues*
* *Adverse Childhood Experiences*
 |
| **Areas of need/development:***Describe issues that are impacting on the child/young person that are not being addressed through supports that are currently in place.* |

**Mana motuhake: Autonomy**

*Self-concept and belief, attitude and spirit, resilience, confidence, cultural pride and security*

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| **Current situation and strengths:***Include relevant information related to autonomy, control, choice, and identity, such as:** *self-esteem and belief that things could be better*
* *preparedness to change*
* *confidence to try new things and seek ways to improve*
* *sense of self and safety as part of a wider community*
* *organisation and goal orientation*
* *life skills, self-care, and independence at home, school, and in the community*
* *self-control and self-management including regulating own emotions*
* *ability to manage impulsiveness and defer rewards*
* *knowledge and understanding of cultural heritage*
 |
| **Areas of need/development:***Describe issues that are impacting on the child/young person that are not being addressed through supports that are currently in place.* |

**Ngā tākaro: Leisure and recreation**

*Recreation and leisure activities, community engagement*

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| **Current situation and strengths:***Include relevant information such as:** *preferences and level of engagement in enjoyable activities in and out of school (note engagement in both organised and informal activities: sports, music, arts, hobbies, clubs, etc)*
* *ability to access preferred activities*
 |
| **Areas of need/development:***Describe issues that are impacting on the child/young person that are not being addressed through supports that are currently in place.* |

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| **What do you think are maintaining the presenting issues?***Include your assessment analysis and other relevant information. For example:** *Analysis using Te Pikinga ki Runga model*
* *Biological, social, psychological factors*
* *Unmet underlying needs*
* *Inadvertent reinforcement of behaviours*
* *Limited collaboration of supports including many changes of support*
* *Limited natural and community supports*
* *Confusion about how to proceed*
 |
| **How do you think Te Kahu Tōī, IWS can support sustainable positive change?** *Based on your assessment describe how the wraparound model could support this child/young person and their whanau.*  |

**Criteria 3:** *Local Learning Support services/support have been fully utilised for the child/young person and are unable to meet need.*

## History and outcomes of previous interventions

Provide a summary of the interventions carried out in the previous 2-3 years, with more information for interventions in the previous 6 months. This must include all interventions carried out by current learning support services provider/s. Also include work carried out by other agencies or services where appropriate. Please ensure the outcome evaluation column describes what happened as a result of the intervention, i.e. whether the intervention was effective and if not, why not.

(Add rows as required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of intervention** | **Intervention start date** | **Duration of intervention** | **Intervention provided by** | **Outcome evaluation (What happened as a result of the intervention?)** |
| *E.g.: Social skills group* |  |  |  | *Not completed due to lack of school staff available* |
|  |  |  |  |  |

Comment if required (E.g. explain any underlying reasons for why interventions may have been unsuccessful in the past)

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# SECTION FOUR: Priority for Intervention

## Reason for applying for the Intensive Wraparound Service

Use bullet points to summarise the key reasons for applying for Te Kahu Tōī, Intensive Wraparound support for this child/young person at this time.

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## Child/young person’s views and aspirations

Include the child’s voice and information that is based on actual discussion with the child/young person or through observation and interpretation of their behaviour if direct discussion is not possible. Indicate how the child/young person feels about their current situation and the support they would like to make things better.

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## Parent/caregiver/whānau views and aspirations

Include information that is based on actual discussion with the parent(s)/caregiver(s)/whānau. Indicate parent/caregiver/whānau views on how to support their child/young person to participate fully in their learning and development now and in the future.

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**Priority for intervention**

Based on the information gathered and provided in this application, identify the priority for intervention, in collaboration with views of the child/young person, parent/caregiver/whānau, school and other agencies.

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| --- |
| Description of **highest priority area** linked to assessment and ongoing need: |

# Referrer Details:

|  |  |
| --- | --- |
| Name and Role |  |
|  |
| Signature |  | Date that application was completed (dd/mm/yyyy) |  |

|  |  |
| --- | --- |
| Contact details (address, phone, email) |  |

# How to submit a competed application form

When this form has been completed and signed by the required parties, please submit the application as an email attachment to the regional panel for intensive services along with the consent forms:

IWS.Taitokerau@education.govt.nz

Aucklandintensive.Supportpanelmailbox@education.govt.nz

Wellingtoniwsapplications.Mailbox@education.govt.nz

Canterbury.IntensiveSupportApplications@education.govt.nz

NMWC.IntensiveSupportApplications@education.govt.nz

OtagoSouthland.IntensiveSupportApplications@education.govt.nz

Waikato.Iwsapplications@education.govt.nz

BayofPlentyWaiariki.Iwsapplications@education.govt.nz

Hawkesbaytairawhiti.Iwsapplications@education.govt.nz

# ADMIN ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date that application was received (dd/mm/yyyy) |  |

Copies of the following have been provided:

[ ]  Parental Consent Form

[ ]  Service Manager Manager/LSM Sign Off