



St Mary Redcliffe CE VC Primary School

Rooted in Love

Policy for the Induction and Assessment of New Arrivals

At SMRP School we will:

- Welcome new arrivals with a whole school approach, ensuring that we have a carefully considered process for welcoming all new arrivals.
- Acknowledge the cultural, linguistic and academic needs of newly arrived children and recognise the positive contribution newly arrived children can make to our school.
- Positively reflect the new arrivals' language, culture and identity throughout the school environment and through an inclusive curriculum which celebrates diversity.
- Ensure that assessment processes and materials enable newly arrived children to demonstrate their knowledge and skills.
- Have high expectations of all learners irrespective of their backgrounds or needs.
- Build partnerships with parents as an essential element of working with newly arrived children.

Rationale

All pupils arriving in a new school are entitled to the same welcome and induction into life at their new school.

- Newly arrived pupils, particularly those who arrive outside normal admission times, need additional support educationally, emotionally and socially.
- Core agreed procedures should be in place for all newly arrived pupils.
- Some additional procedures may be necessary in order to ensure pupils and families from Minority Ethnic backgrounds have the same access to information and support as other parents and pupils.
- Some Pupils and families may be new to the local area and even new to the country. They may have a

limited understanding of the English language. Some of these families may be refugees or asylum seekers.

Key elements of Induction and Assessment Policy

1. Preparing for the new arrival
2. Settling the new pupil in school
3. Pupil assessment

1. Preparing for the new arrival

New Arrivals Process

- Pupil/family arrives at school and requests school place or contacted by Welfare Team
- School office staff obtain basic admissions information (see appendix 2)
- School office arranges a date for parent/carer to meet Head Teacher/ New arrivals Co-ordinator for meeting and tour of the school. If necessary, arrange interpreting support e.g. BCC Translating and Interpreting service (0117-903-6400
<https://www.bristol.gov.uk/residents/people-and-communities/translation-and-interpreting/how-to-book-an-interpreter>)
- Conduct parent meeting on agreed date, ensure school admission paperwork is completed:
 - data collection sheet (appendix 3)
 - Dietary information sheet (if needed) (appendix 4)
 - Supplementary questions for newly arrived EAL pupil- staff – (appendix 1)
 - Answer any parental questions and provide welcome pack which includes information about the school day, uniform and other useful information for starters.
 - Take pupil and family on tour of the school
 - Information for parents shared [School Gateway Support Guide \(for parents\) .pdf](#)
- Discuss any uniform requirements, school meal arrangements, PE days etc.
- Introduce pupil to the class teacher and other relevant staff. If possible, introduce to new classmates.
- Agree and share start date.
- New Arrivals Lead to share information with class teacher before they start. Teacher to and class to practise pronouncing his/her name correctly before child starts.
- Teacher to prepare peg label and any other relevant things ready for the 1st day.

- Class to learn how to say 'hello' and 'welcome' in the appropriate language.

2. Settling the pupil into school

1. Pupil starts school
2. The class welcomes the newly arrived pupil.
3. Pupil is introduced to and identified supportive buddy/buddies.
4. Group the pupil with mixed or higher ability pupils who can provide good roles models
5. The class teacher will meet the parent/carer at the end of the day to reassure and answer questions.
6. Use 'sayhi' app to translate where needed

3. Pupil Assessment

After a settling in period newly arrival pupils will be assessed within curriculum areas

1. Ongoing assessment over the term will support teachers to make judgements based on National Curriculum age-related expectations, focusing firstly on where the child is in reading, writing and maths.
2. Pupils who do not make expected progress may need additional support and exploration into individual learning needs. Teacher to raise concerns with SENDCO

EAL Learners:

1. During the 1st week children to complete activities as part of 'induction programme' (e.g. my family, where I am from)
2. Within first 3 weeks EAL Team (EAL Lead, SLT, or designated LSA) to observe pupil in class and 1:1 session (Pupil Assessment.docx, see appendix 5) to assess the child and make a start using Bell Foundation grade descriptors ([EAL-Assessment-Framework-Primary-Descriptors-FINAL-1.pdf](#))
3. Intervention and/or in class strategies will be in place to support learners.

School Induction and Assessment for Newly Arrived Pupils Policy

Agreed on (date).....

Review (date)

Signed

Appendix 1: New Arrivals at St. Mary Redcliffe Primary School. Information for Staff

New Arrivals at St. Mary Redcliffe Primary School.
Information for Staff

Surname:		First name:	
Other names:			
Known as:			
Date of Birth:		Male/Female	
Class teacher		Year group	
Start date			
Address:			
Postcode:			
Telephone:			
School Meal:	Paid	Free	Packed
Date of arrival in UK:			
Previous countries pupil has been resident:			
Country		length of residency	
Religion and culture:			
Previous schools attended:			
School:		From:	To:
School:		From:	To:

Community/ language/ supplementary school attendance:			
Languages spoken at home:			
Preferred language of communication:			
Spoken			
Written			
Interpreter required? Yes / No			
Languages used by the pupil: (good/fair/basic/none)			
Language	Understand	Speaking	Reading
Writing			
Concerns/comments about pupils first language development:			
Brothers and sisters:			
Name	Age	School	Class/Year
Other children known in school:			
Parents and carers with parental responsibility:			
1. Surname	First name		
2. Surname	First name		
Other relevant information e.g. medical, religious, family:			

Are there any outside agencies supporting your family?
Pupil's strengths and interests: At school At home
Intended length of stay in U.K.

Appendix 2: In Year Admission Form

IN YEAR ADMISSION APPLICATION FORM

You must inform us immediately if your contact details change. We will attempt to contact you three times if a place becomes available, if we cannot contact you we will take you off the waiting list and you will have to reapply. You will have one week to accept the offer.

Date	
Pupil Name	
Pupil DOB Proof seen?	
Gender	
Parent Name	
Home Address Proof seen?	
Contact Phone	
Contact Email	
Current school	
Reason for moving school	
Entry Year	
	School Use Only

Stamented?	
In Care?	
Siblings in School?	
Contacted current school?	
Further information	

Appendix 3: Data Collection Sheet

DATA COLLECTION SHEET

GDPR – we collect and process all personal data in line with our Data Protection policies and Privacy Notices, which can be found on our website -

<https://stmrcea.org.uk/policies>

TO KEEP YOUR CHILD SAFE PLEASE INFORM US OF ANY CHANGES

Child's Surname:	Child's first name:
Other names:	Date of birth:
Male/Female:	Post code:
Address:	

PARENT(S)/CARER DETAILS: (Primary Contact for texts/emails & newsletters via School Gateway. By providing your email address, you are giving your consent for us to contact you via School Gateway. You may withdraw your consent at any time but please be aware that this will mean we have difficulty keeping you informed)

Parent 1: Mr/Mrs/Miss/Ms	Surname:
First name:	Relationship to child:

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Address (if different from above):	Home phone: Work phone: Mobile:
Email:	

Parent 2: Mr/Mrs/Miss/Ms	Surname:
First name:	Relationship to child:
Address (if different from above):	Home phone: Work phone: Mobile:
Email:	

EMERGENCY CONTACTS: Names of person to be contacts in an emergency (we will always contact parents first, please give alternative names in case we can't get hold of you.)

Mr/Mrs/Miss/Ms	Full Name:
Relationship to child:	Tel/Mobile No:
Permission to collect your child YES/NO	

Mr/Mrs/Miss/Ms	Full Name:
Relationship to child:	Tel/Mobile No:
Permission to collect your child YES/NO	

Mr/Mrs/Miss/Ms	Full Name:
Relationship to child:	Tel/Mobile No:
Permission to collect your child YES/NO	

Please let the school know by email (admin.smrp@dbat.org.uk) if anyone other than parents will be regularly collecting your child from school. You can email us a list of people at the beginning of the school year to inform us of collections. We will not let our child be collected by anyone other than parents or named people from your list. If we are unsure of a person collecting your child we will always call you for confirmation.

PERMISSION FOR LOCAL VISITS – At St Mary Redcliffe Primary School we regularly visit the local area and amenities to provide engaging learning opportunities for the children. Some examples include: Victoria Park, St Mary Redcliff Secondary School, Windmill Hill City Farm, St Mary Redcliffe Church, the Bristol Jamia Mosque and local shops.

Please note consent can be withdrawn at any time regarding permissions – email the office on admin.smrp@dbat.org.uk

I give permission for my child to attend local visits	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for my child to attend St Mary Redcliffe Church for curricular activities	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for my child to attend St Mary Redcliffe Church for religious services	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PHOTO PERSMISSIONS – I give permission for my child’s photo to be taken & used in the following ways:

In and around school, in places that might be seen by visitors	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On the school website	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the school newsletter (paper copies are sent to some parents. The newsletter also goes on the website)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In wider marketing material e.g.: local press/newspaper publications/websites	YES <input type="checkbox"/>	NO <input type="checkbox"/>

WHAT IS YOUR CHILD’S SCHOOL MEAL REQUIREMENT?

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Halal	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Vegetarian	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Vegan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Eat fish but not meat	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Parents/Carers order school dinners online. More information will be given when your child starts school.

Does your child have any food allergies?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>
*A medical referral letter must be attached if you answered 'yes'. Your child's allergy must be medically documented. Without a signed letter from your doctor our school meal provider cannot provide a school meal. Once we have medical evidence we can apply for a special menu to cater for your child's needs. Until this is received you will need to provide a packed lunch for your child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EARLY YEARS PUPIL PREMIUM & INFANT PUPIL PREMIUM CHECKER: We ask all parents for the following details to see if your child is eligible for Free School Meals & Pupil Premium Funding. Pupil Premium funding goes directly to the school and pays for things like school trips, breakfast clubs, or additional teacher and assistants to provide extra support and 1 to 1 tutoring. By signing this form you are giving us permission to apply on your behalf.

Your surname:	
Your date of birth:	
Your national insurance/Asylum Seeker's Number	

We are asked to collect the following information by the Department of Education about your child:

Ethnic Group:	Home language:
Religion:	Country of Birth:
Nationality:	Are you seeking Asylum?
Are you a refugee?	How do you travel to school?

PUPIL MEDICAL FORM

GDPR – we collect and process all personal data in line with our Data Protection policies and Privacy Notices, which can be found on our website -

<https://stmrcea.org.uk/policies>

TO KEEP YOUR CHILD SAFE PLEASE INFORM US OF ANY CHANGES

Name/address of doctor	
Contact number of doctor	

Has the above pupil had or is still experiencing any of the following?

	YES	NO
Asthma* or bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Sight or hearing impairments	<input type="checkbox"/>	<input type="checkbox"/>
Heart conditions	<input type="checkbox"/>	<input type="checkbox"/>
Fits, fainting or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to any known drugs	<input type="checkbox"/>	<input type="checkbox"/>

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Allergies to food, pollen, insect stings (does your child need an epi-pen)	<input type="checkbox"/>	<input type="checkbox"/>
Travel sickness	<input type="checkbox"/>	<input type="checkbox"/>
Dental problems	<input type="checkbox"/>	<input type="checkbox"/>
Other illness or disability	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is 'YES' please give details below:

*If your child has Asthma and needs an inhaler you will need to fill out an Asthma Care Plan and ensure your child has an in-date inhaler in school at all times.

	YES (please give details if necessary)	NO
Does the pupil require any special medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil received a Tetanus vaccination in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has the pupil been in contact with or suffered from any contagious or infectious diseases in the past four weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Is the pupil allergic to any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you object to your child seeing the school nurses for height and weight checks?	<input type="checkbox"/>	<input type="checkbox"/>

We will always inform you when this is happening.		
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When was your child(s) hearing last tested?

Date:

If you prefer to discuss any medical matter privately with your child’s teacher, please make an appointment to do so.

PARENT / CARER SIGNATURE:

PRINT NAME:

DATE:

Appendix 4: Information about my child’s special diet

Information about my child’s special diet

Please fill in this form in BLOCK CAPITALS and return it to your child’s school.
(The letter that goes with it tells you how)

Section A: General details	
Child's full name	
Class, form and tutor	
Your name	
Your relationship to the child	

Section B: Declaration
I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing. The information in this form isn't about my child's food preferences.

I agree to information about my child's allergy and any related doctor's or registered dietician's medical assessment being provided to the school's catering partner Sodexo (including any other relevant personal data, like photographs, if I've agreed with the school), solely so they can provide the right alternative meals for my child.

Parent or guardian's signature	
Date	

Section C: Allergy details

Does your child have food allergy? If YES, fill in this section. If NO go to Section D.		Please include as much information as possible about your child's food allergy in the space below. For example: <ul style="list-style-type: none"> Can they tolerate products that say 'may contain traces'? What types of nuts are they allergic to – or should they avoid all nuts? Should they avoid all forms of the allergen - or can they tolerate some forms, for example raw, baked or cooked? If possible, please provide a copy of any relevant medical assessment or confirmation
Celery	Tick if YES	
Cereals (containing gluten)		
Crustaceans		
Egg		
Milk		
Molluscs		
Fish		

List continues on the next page

Section C: Allergy details continued

	Tick if YES	Extra information
Lupin		
Mustard		
Nuts		
Peanuts		
Sesame Seeds		

Soya		
Sulphur Dioxide (Sulphites)		
Other food allergies. Please provide as much information as possible about your child's condition here:		
Does your child carry an EpiPen? (Please circle)		YES NO

Section D: Other dietary-related conditions

Does your child suffer from a medically diagnosed dietary-related condition (like coeliac disease)?
If YES, please provide as much information as possible about your child's condition here.

Does your child have any food intolerances? This may or may not be medically diagnosed.
If YES, please provide as much information as possible about your child's condition here.

For office use only:

Name of class or form tutor responsible for helping the student during meals:

Appendix 5: Pupil Assessment- Classroom Observation Record

Pupil Assessment- Classroom Observation Record

Year Group Child's Name Date

Assessment key A= a little P= partly D= definitely N= not at all X= not known

	<u>Assessment code</u>	<u>Notes/observations</u>
Understands and follows school and class routines		

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Has friends and seems to be happy		
Is grouped with core/high ability pupils who are good English role models		
Opportunities are made for the pupil to interact with peers in their classroom		
Interacts with their peers in the playground		
Opportunities are made for the pupil to interact with adults in the classroom		
LISTENING demonstrates an emerging ability to understand and respond appropriately in class?		
SPEAKING respond verbally in interactions with others		
READING makes sense of written text at word/phrase/sentence level		
WRITING demonstrates basic skills of spelling and sentence construction		
Any other comments or questions about this pupil (e.g. strengths, concerns etc)		