# Annex A: Education Access Advice Form

* Schools should complete **Part 1** and then send to the relevant professional (listed below) to seek their views by asking them to complete **part 2.**
* The completed document should be returned to the school contact named in **Part 1**.

**Data Protection - The information contained in this form will be held electronically and will be processed in accordance with the Data Protection Act 2018. Further information about how we use and share your information can be found online here and the privacy notice for Education Services can be found here.**

**Part 1: For school use**

|  |  |
| --- | --- |
| Name of child  |  |
| Date of birth  |  |
| Address |  |
| School attended  |  |
| Contact details for school  |  NameTelephone / email  |

**Part 2: For completion by appropriate professional - to be completed by:**

* A member of the Community Paediatrician Team
* Hospital Consultant
* Clinical Psychologist
* Child and Adolescent Mental Health Service (CAMHS)
* Consultant Child and Adolescent Practitioner
* GP - with a referral to one of the above

The information you provide may be shared with the Education Access Case Panel and may be used at the Case Panel meeting where the request for support from Education Access will be considered.

We need to be mindful that what is discussed, or potentially put in place for this young person, should Education Access involvement be agreed, causes no additional distress to them at this already extremely difficult time.

We need to collect advice around what kind of educational provision the professionals currently involved with this young person’s care feel would best support them at this time.

If you are currently working with this young person and can provide us with additional information which may support us with the above, it would be of great help.

**By completing this section below, you are confirming that you have permission to share the following information and that you are aware that this information will be shared with other professionals working in education, health or social care.**

|  |  |
| --- | --- |
| Name of professional  |  |
| Position held  |  |
| Place of work  |  |
| Contact details | TelephoneEmail |
| Date of last consultation with the child |  |
| Outcome of the last consultation |  |
| Diagnosis / condition  |  |
| How is this condition currently impacting on the child’s daily routines?  |  |
| Is the condition impacting on the child’s current ability to attend their education provision. Please explain how? |  |
| Is the condition impacting on the child’s current ability to access their education. Please explain how?  |  |
| What strategies and/or reasonable adjustments would support a child with this medical condition/diagnosis?  |  |
| Has the child been referred to a different medical professional? If yes, please provide details, and a likely date for appointment.  |  |
| Date of next health review  |  |
| Signature  |  |
| Date |  |