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| Essex County Council – Request for Medical Support |

In line with GDPR (General Data Protection Regulations) regulations, please request a secure email trail and send this form via a secure email (no passwords) subject line stating ‘Medical Referral - pupil initials’ in the subject field.

You must ensure that this document has been signed by parent/guardian. All other electronic signatures will be taken as full permission to progress this referral.

Request to Education Access for educational support for Essex pupils missing education due to their health needs

This can be:

* Physical medical needs
* Mental health needs
* Pregnancy

Please refer to the Essex medical policy ‘Children missing education due to health needs’ before completing this form

Key points;

* All referrals must be made in writing to Education Access who will determine whether the referral meets the criteria to enable support to be provided
* Schools will be expected to convene the initial meeting to consider support, where requested and to organise review meetings if the provision is needed for longer than 6 weeks
* Schools are responsible for liaising with parents to obtain updated medical guidance prior to each review meeting where appropriate
* Schools will retain responsibility for pupils who will remain on the roll of the referring school
* Referrals will only be closed following discussions between Education Access, the school, the parent / carer, pupil, and other relevant professionals
* It is the school’s responsibility to ensure that referrals are received by Education Access – please check with us directly to confirm receipt
* Please ensure that the referral is correctly signed and dated by all parties

If you wish to discuss the referral in advance, please email [medical@essex.gov.uk](mailto:medical@essex.gov.uk) and a member of Education Access will be in touch

To avoid any delay, please complete all relevant sections and email the completed form, together with the appropriate additional advice, to [medical@essex.gov.uk](mailto:medical@essex.gov.uk)

# Referrers details

|  |  |
| --- | --- |
| Completed by  (Key agency/ school contact): |  |
| Role/designation |  |
| Email: |  |
| Contact telephone number: |  |
| Headteacher Signature  date |  |

# Pupil details

|  |  |
| --- | --- |
| **Surname (capitals)** |  |
| **Forename(s)** |  |
| **Date of Birth** |  |
| **Current Year Group** |  |
| **UPN** |  |
| **Gender** |  |
| **Current education setting** |  |
| **Essex Quadrant (NE/Mid/South/West)** |  |
| **Nationality**  **Home Language** |  |
| **Ethnicity** | Ethnicity |
| **Free School Meals** |  |
| **Pupil Premium** |  |
| **Previous education setting or settings (include Primary Education provisions)** |  |

|  |  |
| --- | --- |
| **Name of Parent or Carer with parental responsibility** |  |
| **Address (where currently living)**  **If this address is not in Essex LA are please refer to LA where the young person resides** |  |
| **Postcode** |  |
| **Home telephone/ mobile telephone contact** |  |
| **Email Addresses** |  |
| **Nationality** |  |
| **Home Languages** |  |
| **Ethnicity** | Ethnicity |

# Social care involvement & safeguarding

|  |  |  |
| --- | --- | --- |
| Virtual School Head informed of request for support | yes | no |
| Child in Care | yes | no |
| Special Guardianship Order | yes | no |
| Child Protection | yes | no |
| Child in Need | yes | no |
| Family Solutions | yes | no |
| Historic Social Care involvement | yes | no |

|  |  |
| --- | --- |
| Please provide an understanding of the reason for social care involvement |  |
| Name of Social Worker(s) |  |
| Contact Telephone and Email |  |
| Local Authority |  |
| Date Social worker informed of Request for Support? |  |

# Safeguarding Narrative

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| --- | --- | --- |
| Does the school hold a Child Protection File | yes | no |
| In your professional opinion does this pupil present as a significant risk? | yes | no |

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| --- | --- |
| Contact Details for (DSL) – name |  |
| Email and Telephone |  |
| If so, summarise your concerns referring to available evidence. | Please enter relevant safeguarding details and include information regarding any recent early help submissions |

# The Request

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| --- | --- | --- | --- |
| Where are your school currently on its journey with Trauma Perceptive Practice training? | Completed ☐ | In Progress ☐ | Not yet Started ☐ |
| Have you followed the guidance within the Lets Talk – We Miss You document | Completed ☐ | In Progress ☐ | Not yet Started ☐ |

Reason for medical referral

|  |  |
| --- | --- |
| Emotionally Based School Avoidance | Yes ☐ |
| Mental Health | Yes ☐ |
| Physical Health | Yes ☐ |

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| How does this medical condition impact on the young person’s ability to access mainstream education?  Please provide as much detail as possible |
|  |
| Through accessing this support, what do you hope the outcomes will be? (Describe the expectations and/or aspirations for this request)  Please provide as much detail as possible |
|  |
| Pupil background/context/behaviour  (Include strengths, aspirations, areas of need, family context and significant contributing factors) Please provide as much detail as possible |
|  |
| What support have you put in place? Attach current One Plan if available  (Include details of - individual curriculum, group interventions, family support, personalised timetable, whole-school approaches, staff training, working with other agencies)  Please provide as much detail as possible |
|  |
| What is the impact of the support you have put in place so far?  (Include successes and areas of persistent need, further reasonable adjustments made)  Please provide as much detail as possible |
|  |

# Wider agency support Name and Date of Involvement and Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Yes | No |  |
| Inclusion Partner |  |  |  |
| Engagement Facilitator |  |  |  |
| TAFSO |  |  |  |
| Attendance Monitoring Officers |  |  |  |
| ECC Attendance Officers |  |  |  |
| Education Psychology Service |  |  |  |
| Virtual School |  |  |  |
| Health Services |  |  |  |
| School Nurse Team |  |  |  |
| Youth Offending Team |  |  |  |
| Paediatrician / Clinical Medical Officer |  |  |  |
| Child Adolescent Mental Health Services (CAMHS) |  |  |  |
| Police |  |  |  |
| Any Other Intervention (for example Power, Affinity, EYPDAS (Essex Young Peoples Drug and Alcohol Service), Children’s Society) |  |  |  |
| Essex Youth Service |  |  |  |
| Unregistered Alternative Provision |  |  |  |
| Other (please detail) |  |  |  |

# Suspensions

Please confirm the school have referred to the Behaviour in Schools (July 2022) Advice to Headteachers and School Staff?

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| --- | --- | --- | --- |
| Yes |  | No |  |

Please detail below the Suspension history details, please start with most recent:

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| --- | --- | --- | --- |
| Date of Suspension | Length of Suspension | Reason | Relevant adjustments made to provision to support reintegration |
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# Attendance Information

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| --- | --- |
| Any current involvement with Attendance and Compliance? |  |
| Last day of attendance |  |
| Last date pupil seen  Please outline strategies used to encourage improved attendance – which have been successful/ unsuccessful? |  |
| Current attendance (Please attach attendance printout) | % |
| Percentage attendance for preceding year. (Please attach attendance printout) | % |
| If on a reduced timetable - how many hours a day is the pupil attending and how long has this been in place? |  |

# SEND (Special Educational Needs and Disabilities) Information

|  |  |
| --- | --- |
| **School Support – please see policy document for further information** | Yes  No |
| **Name of School SENCO (Special Educational Needs Coordinator) – contact details** |  |
| **Key workers in school/provision and their contact information (this may not be the SENCO)** |  |
| **One Plan (please attach)** |  |
| **Education Health Care (EHC) Needs Assessment** **requested (date)** |  |
| **Education Health Care (EHC) Needs Assessment started (date)** |  |
| **Education, Health and Care (EHC) Plan (date)** |  |
| **Date of last Annual Review** |  |

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| --- | --- | --- |
| Areas of need (select only one primary need) | Primary | Additional |
| Communication and interaction (including SLCN) | ☐ | ☐ |
| Cognition and learning (including SpLD) | ☐ | ☐ |
| Social, emotional and mental health | ☐ | ☐ |
| Sensory / Physical (*with clinically diagnosed sensory loss and not sensory processing or integration difficulties)* | ☐ | ☐ |

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| Please describe how the areas of need impact on the young person’s access to education and/or social development |
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| Does the pupil have any diagnosis and does this impact on day-to-day functioning for the pupil? |
|  |
| Does the pupil have any other diagnosed medical conditions?  (i.e., details of medications, underlying health issues, ongoing investigations etc) is there a care plan in place  Does this impact on the pupil’s day to day functioning? |
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# Current Education / Provision and Attainment

Key Stage 2 Outcomes

|  |  |
| --- | --- |
| Reading |  |
| Writing |  |
| Maths |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Key Stage 3 Outcomes | Current Level | Predicted Level | Describe Engagement |
| Maths |  |  |  |
| English |  |  |  |
| Science |  |  |  |
| Others |  |  |  |

|  |  |
| --- | --- |
| Current Reading Age |  |
| Current Spelling Age |  |

KS4 Qualifications and Accreditations Already Gained or Working Towards: (including GCSEs already sat, BTECs awarded/working towards, exam dates and awarding bodies, details of controlled assessments etc):

|  |  |  |
| --- | --- | --- |
| Qualifications/Accreditations already gained | date | Awarding Body |
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For KS4 Students or those working towards end of KS4 Qualifications Please indicate

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| --- | --- | --- | --- |
| Subjects | Predicted Level | Current Level | Units Completed |
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| --- | --- |
| Do they have Exam Concessions | If Yes Please detail |
| Would you apply for Exam Concessions | If Yes what might they be |
| Most Successful Subject and reasons |  |
| Least Successful and Reasons |  |

# Pupil Views

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| --- | --- |
| What have been your targets for this year? |  |
| How do you learn best? |  |

Which of the following apply to you? (please tick)

|  |  |
| --- | --- |
| I always do things one step at a time |  |
| I know myself well and understand why I behave as I do |  |
| I enjoy community activities and social events |  |
| I learn well from talking and listening to others |  |
| I enjoy puzzles, crosswords and logical problems |  |
| Charts, diagrams and visual displays are important to my learning |  |
| I enjoy practical activities |  |
| I learn best when I have to do it for myself |  |
| I like privacy and quiet for working and thinking |  |
| I enjoy and value taking written notes |  |
| I work well in a team |  |
| I get restless easily |  |
| I enjoy working or learning independently |  |
| I work well with numbers/mathematical problems |  |

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| Which Subjects do you enjoy most?  Which Subjects do you have most success in? |
|  |
| What prevents you from learning?  What do you find difficult about school? |
|  |
| Do you get support/help at school?  What sort of help is most helpful to you? |
| Yes  No |
| I would describe myself as |
|  |
| Other people would describe me as |
|  |
| Outside of school I like to |
|  |
| My feeling about support from an alternative educational provider is |
|  |
| I hope that this support will help me be able to |
|  |
| When I leave education, I would like to |
|  |

# Parent/Carer View

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| Parents/ carers, please check the information given within the medical referral form is accurate.  Complete this section only if you are happy for the school to submit this medical referral to  **Education Access for further consideration.**  I confirm that:   * That the information given within the medical referral form is accurate. * The school/ setting has explained the medical referral process and that it is not a long-term * educational placement. * I give permission for Education Access to gather information regarding my child, which may * include contacting other colleagues and services for additional information. * I give permission for this medical referral paperwork and associated documents to be shared * with other professionals/ tuition companies who may be involved with my child in the * future.   What are your hopes for this request?  What are your concerns?  What do you feel the areas of need are? |
| **Name**  **Signed**  **Date** |

Risk Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| Assessing the risk to Health and Safety | Never | Occasionally | Frequently |
| Has the pupil been known to threaten other pupils? |  |  |  |
| Has the pupil been known to use sexually offensive or threatening language? |  |  |  |
| Has the pupil been known to assault another young person? |  |  |  |
| Has the pupil been known to threaten staff? |  |  |  |
| Has the pupil been known to assault an adult? |  |  |  |
| Did any assault(s) lead to actual bodily harm? |  |  |  |
| Did the assault(s) use weapons/objects? |  |  |  |
| Did the assault(s) lead to medical treatment? |  |  |  |
| Has the pupil or adult had time off as a result of assaults/threats? |  |  |  |
| Has the pupil been known to damage property? |  |  |  |
| Has the pupil committed any criminal offence? |  |  |  |
| Has there been any police involvement in previous incidents? |  |  |  |
| Has the pupil been known to do him/herself physical harm? |  |  |  |
| Has the pupil had to be physically restrained? |  |  |  |
| Has the pupil made any allegations against members of staff? |  |  |  |
| Has the parent/carer made any allegations against and members of staff? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Resources or Support (other than routinely available)** | Yes | No | Unknown |
| **Full time attendance of an** **additional member of staff** |  |  |  |
| **Special training for staff?** |  |  |  |
| **Special supervision during breaks, outside activities or subject areas?** |  |  |  |
| **Additional staffing ‘on hand’** |  |  |  |
| **Other (please specify)** |  |  |  |

Checklist of additional information attached (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of request complete** |  | **Parent and young person's views and signature** |  |
| **Student Attendance** |  | Safeguarding Summary/Concerns |  |
| **Meetings held with parents’ minutes** |  | Behaviour Log |  |
| **Attainment Data/Levels** |  | Current timetable (and awarding body if KS3/KS4) |  |
| **One Page Profile** |  | Student Passport |  |
| **One Plan records** |  | Health Information/Care Plans |  |
| **Education Health and Care Plan** |  | Suspension log |  |
| **Most recent annual review** |  | Annex A completed by medical professional |  |
| **List of interventions to support** **CYP** |  | Multi-agency advice sought |  |
| **Educational Psychology or Inclusion Partner involvement summary** |  | Child and Adolescent Mental Health Service involvement (CAMHS) |  |
| **Student Risk Assessment – please complete above** |  | Let’s Talk – We Miss You paperwork (to include the Risks/ Resilience profile and the School Attendance Difficulties form) |  |

All information contained within this referral form must be shared with the parent(s) / carer(s) and a signature must be obtained. Forms will be returned and not processed until a signature is obtained.