

**CONFIDENTIAL**

In conjunction with Southampton Hospital School

***Aspiration Resilience Compassion***

**Referral for pupil to be considered for short term Medical Outreach Support** (V1)

Southampton City Council Inclusion Service provides educational support for children and young people who, as a result of their medical needs, have been or will be unable to attend school for at least 15 school days.

**Important: Before you complete this form – please answer these questions:**

1. Does the pupil have a medical diagnosis? **Yes  No**
2. Wherever possible a current letter from a Consultant NHS Medical Professional, or their associated specialist team, regarding the pupil is required. This may well form part of an Individual Healthcare Plan.

Does this letter:

Confirm and describe the specific medical diagnosis?

**Yes  No**

Describe how this pupil’s health needs affect their learning?

**Yes  No**

Give medical advice on how placement in alternative provision will support a return to school?

**Yes  No**

Completion of this form should be in conjunction with the Home School and Consultant Medical Professionals.

If you have answered no to one or more questions, then please contact Southampton City Council or Southampton Hospital School (contact details at end of this form) for further advice before proceeding.

Please note that medical placements **may** last for 6 weeks; extensions to this are based upon a further review confirming ongoing medical need.

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| **Application submitted by:**  **Consultant’s name:** | |
| **Service:** | |
| **Address:** | **Telephone:** |
| **Email:** | **Date:** |

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| **Child / Young Person’s Details** | | | | | |
| First name(s): | Family name: | | DoB: | Yr group: | **UN**: |
| Address/Contact details: | | Telephone number: | | | |
| Current school on roll: | Name of school contact:  Contact number & extension:  Email: | | | | |
| SEN Support  Yes No  EHCP:  YesNo | FSM:  YesNo  Pupil Premium:  YesNo | | Child In Care:  YesNo  PEP:  YesNo | | |

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| **Medical Details** | |
| Medical Background / Reason for Request:  (Please give details of any medical conditions of which the school is already aware and any medication and/or treatment.) | |
| Likely impact of the medical condition on the child/young person’s cognitive ability, learning, concentration, memory or energy levels: | |
| Likely impact of the medical condition on the child/young person’s social/emotional wellbeing:  (Please provide any information or indicate circumstances that would help us to deal sensitively with this individual.) | |
| Is the child/young person **currently** unable to attend school for medical reasons? | YesNo |
| Is there anything that would help the pupil attend school now on a full or part-time basis? (Detail) |  |
| **Estimated** period of absence from school from date of referral: | |

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| **SCC and SHS Provision or Support** | |
| Please indicate all the types of SCC/SHS provision that could meet the pupil’s needs. | Advice or guidance to school.  Individual tuition at home.  Individual tuition outside home.  Directed independent study.  On-Line learning.  Reintegration planning / support with school.  Other |
| Further details if ‘**other**’ selected above: | |

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| **Safeguarding** | | | | | |
| Are there any safeguarding concerns regarding this pupil? YesNo | | | | | |
| If yes, please give the name of the safeguarding contact: | | |  | | |
| **Other Agencies Involved** i.e. CAMHS, GP, YOS, Specialist Nurse (Add more rows where required.) | | | | | |
| Name | Agency | Telephone number | | Email | Involved since |
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| **Key Background Information** | | | |
| If more space is required please extend/attach as necessary for any section, label carefully please. | | | |
| 1. Pupil’s attendance percentage for the current term and the preceding two terms. | Current |  |  |
| 1. Details of any exclusions for the current term and the preceding two terms. | Current |  |  |
| 1. Has an **Individual Healthcare Plan** been written for this child/young person? YesNo   (If ‘No’, please explain why this has not been completed.) | | | |
| 1. Please describe what interventions/strategies you have employed to support this pupil e.g. Working with Education Welfare Service, Attendance team, ELSA sessions, school based counselling, part-time timetable etc… Extend and add rows where required. | | | |
| Strategy employed | Impact | | |
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| **Key Stage Results** | | | | |
|  | KS1 | KS2 | KS3 | KS4 |
| English |  |  |  |  |
| Maths |  |  |  |  |
| **Subject/Most Recent Test Attainment** | | | **Current level/Grade** |
| English  Level/Grade |  | English: |  |
| Maths  Level/Grade |  | Maths: |  |
| Science  Level/Grade |  | Science: |  |

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| **Vocational Options** (or GCSE Options if appropriate)  Please attach details of exam boards, course work etc… | | | | | |
| Subject | Board | Qualification | Predicted Grade | Achieved Grade/ Current Achievement | C/W completed  Y / N |
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| **Planned Exams**  Please list any planned statutory tests and/or exams with dates and locations | | | | | |
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| **Cat scores** (Where/if available) | | | | | |
| Verbal | | | Non-Verbal | | |
| Quantative | | | Spatial/Triple | | |

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| **Documentation Checklist**  Please note – if any of the applicable documents below are not provided with this form a delay in considering the medical tuition placement may result. | |
| Medical Consultant’s letter confirming diagnosis and describing how learning is affected | YesNo |
| Individual Healthcare Plan | YesNo- If yes, must be attached |
| Education and Health Care Plan | YesNo- If yes, must be attached |
| Copy of CAMHS report or date of referral and details if awaiting service | YesNo- If yes, must be attached  Date of referral: |
| Assessment such as Early Help Assessment or Child Around the Family | YesNo- If yes, must be attached |
| Looked After Child Personal Education Plan | YesNo- If yes, must be attached |
| FSM/Pupil Premium eligibility | YesNo- If yes, must be attached |
| Attendance print outs (current and previous year) | YesNo |
| Most recent Individual Behaviour Plan | YesNo |
| Most recent Pastoral Support Programme/Review | YesNo |
| Educational Psychologist’s report | YesNo |
| Latest academic report | YesNo |
| **Other Documentation** - Please list and attach any other documentation which may be helpful to the panel in its consideration of a medical tuition placement e.g. Risk Assessment | |
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| **Confirmation statements** | |
| **I confirm that this child/young person is unable to attend school for the medical reasons stated above and will remain so for an estimated period of enter text weeks or until reviewed on enter date .** | |
| **Consultant’s/Specialist’s signature** (Wherever possible)**:**  Name and position in BOLD PRINT: | |
| **Date:** |

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| **Parent’s/Guardian’s signature and agreement to share information with Southampton City Council, the alternative provider and any other appropriate agency who may hold information relevant to this request.**  (NB: Essential for consideration of Medical Outreach Support.) | |
| **Signature:**  **Print:** | **Date:** |
| **Form completed by**  **Signature:**  **Print:** | **Date:** |

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| **On receipt of this referral we may seek further background information from you or from school or other agencies involved with the child/young person or their family. We will respond to the referral as quickly as possible.**  A meeting will be sought with the child/young person, parents/guardians, School, Health representatives all in attendance to enable the production of an effective strategy. |
| Once signed, this form can be scanned, emailed and/or returned with the supporting documents to:  **Inclusion Services**  **Medical Outreach Service**  Southampton City Council  Civic Centre, Civic Centre Road, Southampton, SO14 7LY  **AnyComms: *Medical Needs Pupils***  **Data Protection Act**  This information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals to inform their work. The information collected may also be used for the wider purpose of providing anonymised statistical data to assist with monitoring of provision and/or determining areas of need in order to target future resources. |