**Request for SEN/Medical Tuition (Key stages 1 and 2)**

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| **All requests for SEN or Medical tuition will be placed on the Early Advice and Intervention Panel (EAIP) which is held weekly.**  **Please return this form via by email:** [**EISS@achievingforchildren.org.uk**](mailto:EISS@achievingforchildren.org.uk) |

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| **Section 1: General information** | | | | | |
| **Referral date:** |  | **Local authority:** | |  | |
| **Pupil name:** |  | | | | |
| **DOB:** |  | **Year group:** | |  | |
| **Home address:** |  | | | | |
| **School:** |  | | | | |
| **Lead professional in school:** |  | | | | |
| **Email:** |  | **Phone no:** |  | | |
| **Name of parents/carers:** | **Mother:** | **Father:** | | | |
| **Parent name:** |  |  | | | |
| **Contact number:** |  |  | | | |
| **Email address:** |  |  | | | |
| **Home address:**  **(If different from above)** |  |  | | | |
| **Section 2: Type of request:**  **(please highlight your referral)** | **SEN** | **Medical** | | |

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| **Section 3: Professional Involvement:**  (Please highlight which professionals were involved in decision to request SEN / Medical Tuition) | | |
| **Other professional involvement?** | **Please give the name of the professional, further details and whether they agreed with the decision to request SEN or Medical Tuition.** | **Report attached and date of report** |
| **Child in need plan** |  |  |
| **Child protection plan** |  |  |
| **Fostered/adopted** |  |  |
| **Social Services historical: Give details** |  |  |
| **CAMHS Tier 3**  **(Consultant Psychiatrist level)** |  |  |
| **CAMHS Tier 2**  **(Emotional Health Service)** |  |  |
| **Family support/strengthening families** |  |  |
| **Educational psychology** |  |  |
| **Education Welfare Service** |  |  |
| **Speech and Language Therapy** |  |  |
| **Health** |  |  |
| **Other (please state)** |  |  |

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| **Section 4: Academic information** | | |
| **Is this pupil working at expected academic levels?** | | |
| **Maths** | **Yes  No** | **Details:** |
| **Reading** | **Yes  No** | **Details:** |
| **Writing** | **Yes  No** | **Details:** |

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| **Section 5: Attendance information** | | | |
| **Current Year %** |  | **Previous Year %** |  |
| **Section 6: Exclusion information** | | | |
| **Details of any fixed term exclusions** |  | | |

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| **Section 6: Medical request information**  **If your request is for ‘medical tuition’ then the following section MUST be completed.** |
| **Details of medical condition and diagnosis, and additional information/reports from health professionals** |
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| **For how long do you anticipate tuition will be needed** |
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| **Please include any other information that could help us plan and work more effectively with the child concerned to provide a continuum of care** |
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| **Section 7: Special educational needs and disability request information** | | |
| **Education, health and care plan coordinator:**  **Name:** |  | |
| **Contact details:** |  | |
| **Date of SEN Panel where request was agreed and notes attached** | | |
|  | | |
| **Please give a brief explanation for the request i.e. Moved in, Complex needs and no school place available** | | |
|  | | |
| **Please attach the following with your request** | | **Date of information provided** |
| **EHCP or statement** | |  |
| **Appendices (if current)** | |  |
| **Last annual/interim review** | |  |
| **Any other reports you feel are necessary** | |  |

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| **Section 8: Details of expected outcome following a period of alternative provision** | |
| **Options** | **Please tick only one option** |
| Has particular social and behavioural difficulties and has a personalised learning plan: this means that, by arrangement, they do not attend their usual school full time. Joint planning is arranged by school with key professionals to secure an increased access to education. |  |
| Has mental health needs and accesses Child and Adolescent Mental Health Services (CAMHS), either as an in-patient or through services provided in the community? A care plan is agreed to reintegrate back into full time education. |  |
| Has medical needs other than mental health needs and will return to school when well enough. |  |
| Has complex needs and no suitable school place is available. Consultation of appropriate provision is to be carried out. |  |
| Is new to the country and awaiting a school place? The child has been referred to the School Admissions Department or SEND, whichever is appropriate. |  |
| Has moved from another area and a school place has not been secured; this may include children who are looked after? The child has been referred to the School Admissions Department or SEND, whichever is appropriate. |  |

Thank you for completing this referral. Please return this form to **EISS@achievingforchildren.org.uk**