 Kent Health Needs Education Service



 **School Referral Form**

This referral form is for when a child or young person has a medical condition which prevents them from accessing their home school. Referrals must be completed by the school and include evidence from other professionals, including senior health professionals (paediatrician, consultant or Mental Health Tier 3 practitioner). In instances when pupils with EHCPs develop additional health needs, the school will need to call an interim review meeting to agree the referral. An application **will not** be considered if the Head Teacher or Principal of the school has not signed this document.

**Section 1 - for schools to complete**

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| **Pupil details:** |
| Legal Surname | Click here to enter text. | Preferred Surname | Click here to enter text. |
| Legal Forename(s) |  | Preferred Forename(s) |  |
| Date of Birth | Click here to enter a date. | Gender | Click here to enter text. |
| Address | Click here to enter text. | Current Academic Year  | Click here to enter text. |
| UPN | Click here to enter text. |
| County | Choose an item. | ULN | Click here to enter text. |
| Post Code | Click here to enter text. | Ethnicity | *Monitoring details (as on SIMS):* |
| Country of Birth |  | Home LanguageEnglish Proficiency |  |
| Nationality |  | Religion |  |

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| **Parent/ Guardian details: *please complete for each if different*** |
|  | **Contact 1:** |  | **Contact 2:** |
| Full Names, including Title | Click here to enter text. | Full Names, including Title | Click here to enter text. |
| Relationship/ Legal Status | Click here to enter text. | Relationship/ Legal Status | Click here to enter text. |
| Home Address | *If different to pupil;*Click here to enter text. | Home Address |  *If different to pupil;* |
| Postcode | Click here to enter text. | Postcode | Click here to enter text. |
| Telephone | Click here to enter text. | Telephone | Click here to enter text. |
| Email |  | Email |  |

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| **Current School/Setting details:** |
| Current School | Click here to enter text. | Contact Name | Click here to enter text. |
| Address | Click here to enter text. | Position | Click here to enter text. |
| Contact Tel | Click here to enter text. |
| Postcode | Click here to enter text. | Contact Email | Click here to enter text. |

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| **Outline of pupil’s diagnosis and reason for referral** |
| Psychiatric/mental health need [ ] Physical health need [ ]  | NHS Number:  |
| **This box must be completed by the referring school** |
| **Risk Assessments; Please provide any documents, as relevant.** **ANY KNOWN RISKS/CONCERNS IN VISITING THE HOME?** *If yes, please expand.***ANY KNOWN RISKS/CONCERNS WITH PUPILS BEHAVIOUR OR CONDITION(S)?**  *If yes, please expand.* |
| **Future plans:****Level of support referring school suggesting (Outreach/Hub/Tuition):****Suggested plan going forward with regards to re-integration:****Outline plans for managed move/IYFA application if pupil does not intend to return to referring school (For managed moves please provide history of previous integration attempts and presentation at IYFA):****Intended onward destination (referring school/Managed move/Specialist placement):****Post 16 destination (Year 11 only):** |
| **Safeguarding:****Please outline any additional safeguarding information that we should be made aware of or that requires consideration as part of this referral:** |

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| **Actions taken by school**Please list all the intervention strategies the school have used |
| Intervention/ Action | Date and Duration | Outcome |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Other professionals involved:** *What actions are currently in place to support the child/young person and who is involved? Please provide as much detail as possible.* |
| **External Agency** | **Nature of Intervention** | **Lead Professional**  | **Contact Details** |
| **Health** *e.g. CAMHS, Speech & Language, Health Visitor* | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Early Help** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Education Welfare** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Education Psychologist** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Social Services** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Police, Young Offenders Service** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other e.g. Youth Worker, Voluntary Organisations** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **General Practitioner** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other, please detail** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Identified Needs; tick as appropriate**Physical Sensory – Hearing |[ ]  Early Help | [ ] If Yes, Name of EH worker |
| Physical Sensory – Vision |[ ]  CiC | [ ] If Yes, Home Authority:If yes, Start date:  |
| Physical Sensory - Physical |[ ]  Child in Need | [ ]  |
| Behavioural, Emotional, Social Difficulties |[ ]  CP Register | [ ]  |
| Cognition & Learning |[ ]  FSM/Pupil premium(Circle) | [ ] CurrentDate Eligible from; [ ] Last 6 Years |
| Communication & Interaction |[ ]   |  |
| English as an additional Language |[ ]   |  |

**SEN Register? Yes / No If yes, code & need type :**

**High Needs Funding applied for? Yes / No**

**EHCP applied for? Yes / No Date:**

**EHCP applied for by? School/Parent**

**If an EHCP has been applied for please attach a copy of the application to this referral**

**EHCP issued? Yes / No Date:**

**Emergency early review held? Yes / No Date:**

**If yes - Attach minutes and draft provision plan**

**EHCP Declined/Appealed Please give details**

**Service Pupil in Education? Yes / No**

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**Prior Attainment Levels:**

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| --- | --- | --- | --- |
| CAT Scores | V: Click here to enter text. | Qu: Click here to enter text. | NV: Click here to enter text. |
| KS2 levels | English: Click here to enter text. | Maths: Click here to enter text. | Science: Click here to enter text. |
| KS3 Levels(current levels if KS3 student) | English: Click here to enter text. | Maths: Click here to enter text. | Science: Click here to enter text. |
| **KS4 – Courses being followed** |
| **Subject** | **Awarding Body** | **Target grade** | **Current working level** |
| English | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Maths | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Can the school confirm whether or not the following permissions have been given by parents/carers:** |
| * To be photographed or videoed for media use
 | ☐ |
| * To be photographed or videoed for school use
 | ☐ |
| * Participate in sex and relationship education
 | ☐ |
| * Off-site educational visits (for example shops)
 | ☐ |

For parents/carers to countersign to confirm the above permissions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 – Head Teacher/Principal to sign**

Referred by;

**Name** Click here to enter text. **Role**:Click here to enter text. Click here to enter a date.

**Head Teacher** Click here to enter text. **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click here to enter a date.

**Section 3 – for pupil and parents/guardians to complete**

**PARENT/GUARDIAN & CHILD/YOUNG PERSON’S VIEWS & CONSENT FORM**

Your written consent and views are required as your child’s school has requested additional education support.

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| **Parent**/**Carer Views[[1]](#footnote-1)** |
| **Child/Young Person Views** |

We may on occasion have the need to receive, store and share records containing the medical information of your child. We would like your consent to share     relevant records, such as reports, summaries, etc. (Clinician notes, letters, GP medical notes, SEND information and documentation) with other organisations such as (health care providers, schools, police, GP, any other internal/external service provider involved in the support or care of you or your child etc.). We will ensure that all data is processed fairly and that no more information is transferred or held than is necessary to ensure the your child's needs are met and to arrange for continuity of education during their recovery. If you agree to this please print your name, sign and date below:

Name of parent/guardian:                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ​

Signature of parent/guardian:           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Section 4 – evidence supplied (schools to complete)**

**This application must include additional evidence. Please tick all that apply:**

**Those highlighted in red are mandatory for us to consider the application**

**Health evidence** (at **least one** of the following):

With confirmation of condition and advice from;

[ ]  Consultant/paediatrician/Senior Registrar

[ ]  Psychiatrist/psychologist/other CAMHS Tier 3 practitioner

[ ]  Prolonged Tier 2 involvement (over 9 months)

**School evidence**

Please include copies of all relevant documentation.

[ ]  Last school report

[ ]  EHCP, provision plan and minutes of emergency review meeting if EHCP issued

[ ]  **Individual Health Care Plan**

[ ]  Multi-agency support (i.e. LIFT, inclusion forums etc)

[ ]  **Attendance record over 1 full year (not just current academic)**

[ ]  Latest PEP and any other relevant information (e.g CiC)

[ ]  Early Help if appropriate

**Send completed forms and scanned documents to:**

**referrals@khnes.kent.sch.uk**

Alternatively your form can be posted to;

Kent Health Needs Education Service

Woodview

40 Teddington Drive

Leybourne

West Malling

Kent

ME19 5FF

1. Where the referral is made for a very young child, or when at the time of diagnosis, it may be considered inappropriate to seek child or parental views, these can be recorded later by the initial key worker (e.g. portage, HI worker, pre-school, VI worker, consultant etc). [↑](#footnote-ref-1)