**Medical Panel Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Student Details** | | | | | | | | | | | |
| Student Name: | | | | Student DoB: | | | | | | | |
| Year Group: | | | | Key Stage: | | | | | | | |
| Student UPN: | | | | Student ULN: | | | | | | | |
| Parent/Carer #1 Name: | | | | Parent/Carer #2 Name: | | | | | | | |
| Relationship: | | | | Relationship: | | | | | | | |
| Address: | | | | Address: | | | | | | | |
| Parent/Carer #1 contact number(s): | | | | Parent/Carer #2 contact number(s): | | | | | | | |
| Who else lives in the home: | | | | Who else lives in the home: | | | | | | | |
| **General Information** | | | | | | | | | | | |
| Gender: | | SEN Stage: | | | | | | | Ethnicity: | | |
| Receives Free School Meals: | | Pupil Premium: | | | | | | | Ever 6: | | |
| 1st Language: | | EAL: | | | | | | | Language used in home: | | |
| **Attendance History** | | | | | | | | | | | |
| Current Attendance % |  | | | | | | | | | | |
| Time Out of Education |  | | | | | | | | | | |
| Context for Absence |  | | | | | | | | | | |
| Attendance Narrative |  | | | | | | | | | | |
| **School or Current Setting Details** | | | | | | | | | | | |
| Print name of school or setting contact: | | | | | | Print Position held: | | | | | |
| School or Setting Address: | | | | | | | | | | | |
| Email Address of school or setting contact:  Telephone number/extension**:** | | | | | | | | | | | |
| **Safeguarding & Support** | | | | | | | | | | | |
| Is there a safeguarding concern? If YES, please complete the box below:  Agencies involved:  For any further information, please contact the DSL on: | | | | | | | | | | | |
| Is there, or has there ever been a CAF/Early Help in place? | | | | | | | |  | | | |
| Proposed and refused? | | | | | | | |  | | | |
| Lead Professional | | | | | | | |  | | | |
| **If Early Help please attach last minutes of TAF meeting:** | | | | | | | | | | | |
| Code of Practice Stage | | | | | | | Child in Care | | | | |
| SEN SUPPORT | EHCP | | | | | | Yes | | | No | |
| **Date of EHCP Annual Review:** | | | | | | | | | | | |
| **Agreed Health Issue**  (with supporting Health evidence)  **Note: Without sufficient supporting evidence, the referral will not progress** | | | | | | | | | | | |
| Please indicate by ticking any which apply to the student | | | | | | | | | | | |
| **Cognition & Learning** | | |  | | **Sensory & or Physical Needs** | | | | | |  |
| Specific Learning Difficulty | | |  | | Hearing Impairment | | | | | |  |
| Moderate Learning Difficulty | | |  | | Visual Impairment | | | | | |  |
| Severe Learning Difficulty | | |  | | Multi Sensory Impairment | | | | | |  |
| Profound Learning Difficulty | | |  | | Physical Disability | | | | | |  |
| Dyslexic | | |  | |  | | | | | |  |
| **Emotional, Social & Behavioural** | | |  | | **Communication & Interaction** | | | | | |  |
| Behaviour, Emotional & Social Difficulty | | |  | | Speech & Language Needs | | | | | |  |
|  | | |  | | Social Communication Needs | | | | | |  |

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| **Rationale** |
| **Reason for Referral** - **This information informs the panel so please complete it fully.** |
| **Chronology of school or setting interventions to date, prior to Referral:** |
| **Preferred Outcome -** What will success look like in terms of reintegration to on roll or appropriate alternative setting |
| **Timescale for Transition Review & Proposed Return Date** |

**Current Student Timetable**

***To evidence that the student continues to be supported by the on roll school during this period of ill health, please complete a timetable for them which clearly sets out the current package in place.*** *Items to include might be set times with:*

* *Student Support Worker*
* *Pastoral Support Team*
* *Learning Mentor*
* *External or Online Tuition*
* *Commissioned Partners*
* *Online Lessons*
* *Tutor Time*
* *Core subject teaching*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Tutor |  |  |  |  |  |
| Lesson 1 |  |  |  |  |  |
| Lesson 2 |  |  |  |  |  |
| Break |  |  |  |  |  |
| Lesson 3 |  |  |  |  |  |
| Lesson 4 |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Lesson 5 |  |  |  |  |  |
| Lesson 6 |  |  |  |  |  |
| Twilight |  |  |  |  |  |

**Please complete the following record of assessments (use P levels if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| Reading Age: | Chronological Age: | Test used: | Date of test: |
| Spelling Age: | Chronological Age: | Test used: | Date of test: |
| NC English Level: | Date: |  | |
| NC Science Level: | Date: |  | |
| NC Maths Level: | Date: |  | |
| If Boxall Profile available, please include a copy | | | |
| Reason for any gaps in given information: | | | |
| **IMPORTANT**: we are unable to progress the referral until all assessment levels are in place, so please include all information available regarding any assessments. | | | |

**Please provide the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Number (if KS4) |  | | |
| SUBJECT | GRADES | | EXAM BOARD |
| GCSE | Current | Predicted |  |
| ENGLISH |  |  |  |
| MATHS |  |  |  |
| SCIENCE |  |  |  |
| If not following GCSE please give details of alternative: | | | |

**Please provide a school contact for the following:**

|  |  |
| --- | --- |
| English | Name:  Email:  Telephone/extension: |
| Maths | As above |
| Science | As above |
| Exam Officer | Name:  Email: Telephone/extension: : |

**Please provide details of ALL professionals currently involved with the student:**

|  |  |  |
| --- | --- | --- |
|  | Name | Contact number/email |
| Ed. Psych |  |  |
| Attendance Officer |  |  |
| C A M H S |  |  |
| Social Worker |  |  |
| Consultant |  |  |
| Other |  |  |
| If ‘other’ please give details: | | |

Please include any other information to help us address his/her emotional, behavioural and learning needs.

**INCOMPLETE FORMS WILL BE RETURNED. ALL REQUESTED DOCUMENTS MUST BE ENCLOSED.**

Please ensure the following documents are enclosed:

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| CURRENT IEP |  |
| ATTENDANCE |  |
| EDUCATION PSYCHOLOGIST REPORT |  |
| TAF MINUTES |  |
| REPORTS FROM SEN STAFF |  |
| DIAGNOSIS LETTER |  |
| TIMETABLE OF CURRENT SUPPORT |  |

|  |  |
| --- | --- |
| Completed by: | Position: |
| Signed: | Date: |
| School stamp/details: | |

Please return to: [jhunter@medicaltuitionservice.org.uk](mailto:jhunter@medicaltuitionservice.org.uk) & [prp@torbay.gov.uk](mailto:prp@torbay.gov.uk)