**Request for Education Support (Medical Grounds)**

Schools have a duty to make arrangements to support pupils at school with medical conditions. The statutory guidance, [Supporting Pupils at School with Medical Conditions](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf), sets out how all children and young people with medical conditions, both physical and mental health, should be properly supported in school so that they have full access to education.

This referral should be completed in line with the above statutory guidance and with [Lincolnshire's Medical Needs Policy](https://www.lincolnshire.gov.uk/directory-record/72819/medical-needs-policy)

|  |  |
| --- | --- |
| **Please indicate the nature of the request** | |
| Pupil presenting with Emotionally Based School Avoidance (EBSA)  *Sections 1, 2, 3 and 5 must be completed* | Yes  No |
| Pupil experiencing a period of physical ill health  *Sections 1-4 must be completed* | Yes  No |

**Checklist**

In order to inform the specialist panel and enable robust decision making to take place, all required sections must be completed and the following documents included:

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Indicate included** | **Document** | **Indicate included** |
| Attendance Record |  | EHC plan (where applicable) |  |
| Medical Information |  | VSEND (where applicable) |  |
| Healthcare Plan (where applicable) |  | Risk Assessment (where applicable) |  |
| EBSA Pathway Documentation (EBSA only) |  | Copy of reduced timetable (where applicable) |  |
| Most recent EHA/TAC/ESCO/CIN/CP plan (where applicable) |  | Other (please state): |  |

FOR OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
| Screened | Date: | By: |

OUTCOME

|  |  |  |
| --- | --- | --- |
| Sent to PRT for Consultation | Date: | By: |
| Returned to school with advice | Date: | By: |
| Request to allocate PRT Caseworker | Date: | By: |

**Section 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Pupil:** | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | **DoB:** | | | |  | | | **UPN:** | | | |  |
| **Sex** (as per Health system): | |  | | | **Gender:** | | | |  | | | **Year Group:** | | | |  |
| **First Language:** | |  | | | **Nationality:** | | | |  | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | |
| 1. **Parent / Carer:** | | | | | | | | | | | | | | | | |
| **Name:** |  | | **Relationship:** | | | | |  | | | | | | **PR:** | | Yes  No |
| **Address:** |  | | | | | | | | | | | | | | | |
| **Email:** |  | | | | | | | **Contact No:** | | |  | | | | | |
| 1. **Parent / Carer:** | | | | | | | | | | | | | | | | |
| **Name:** |  | | | **Relationship:** | | |  | | | | | | **PR:** | | Yes  No | |
| **Address:** |  | | | | | | | | | | | | | | | |
| **Email:** |  | | | | | **Contact No:** | | | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Consent:\*** | | | |
| I give my consent for my /my child’s health needs and the support and interventions in place to be shared with representatives of the multi-agency panel. All discussions are held in confidence.  How the Local Authority uses your personal information can be found at: <https://www.lincolnshire.gov.uk/privacy> | | | |
| **Parent Signature:** |  | **Date:** |  |
| **Parent Signature:** |  | **Date:** |  |
| **Pupil Signature:** |  | **Date:** |  |

**\*please ensure this section is completed with original signature or an email is attached from the parent/carer confirming consent.**

**Section 2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **School:** | | | | | | | | | |
| **Name of School:** | | |  | | | | | | |
| **Name of Lead Contact:** | | |  | | **Role:** | |  | | |
| **Contact No:** | | |  | | **Email:** | |  | | |
| 1. **Early Help:** | | | | | | | | | |
| ESCO: TAC:  Historic:  None: | | | | | | | | | |
| **Lead Professional:** | | |  | | **Email:** | |  | | |
| **EHA completed on:** | | |  | | **Initial TAC meeting on:** | | | |  |
| **TAC Consultant accessed on:** | | |  | | | | | | |
| **EHW involved:** | | | No | | | | | | |
| Yes  Historic | | **Start date:** | | | |  |
| **End date:** | | | |  |
| **No Early Help involvement:**  Please detail the reasons why no EHA completed / TAC commenced. | | |  | | | | | | |
| 1. **Social Care:** | | | | | | | | | |
| CiC:  CIN:  CP: | | | | | | | | | |
| **Social Worker:** | | |  | | **Email:** | |  | | |
| **Virtual School Officer:** | | |  | | **Email:** | |  | | |
| 1. **Special Educational Needs and Disabilities (SEND):** | | | | | | | | | |
| **Pupil has SEND:** | No | | | | | | | | |
| Yes | SEN Support:  EHCNA:  EHC plan: | | | | | | | |
| Where pupil has EHC plan or undergoing an EHCNA date SEND Caseworker informed of intention to refer to MSP: | | | | | | |  | |
| **Summary of needs:** *Where a pupil is undergoing investigations or assessment for a condition such as autism, the exception is that the pupil would be accessing SEN Support and these sections must be completed.* | *Where a pupil has SEND, give a brief summary of the pupil’s needs. Please attach a copy of their VSEND assessment with the referral. For pupil’s with an EHC plan, please include a copy of their current EHC plan and their most recent Annual Review.* | | | | | | | | |
| **Summary of graduated approach:**  For all pupils with SEN Support, an EHC plan, undergoing an EHCNA or undergoing investigations for possible diagnosis such as autism. | *For pupils receiving SEN Support, summarise how the graduated approach is being implemented to meet the pupil’s SEND through cycles of assess, plan, do and review. Also the wider agency support that has been accessed as part of this. How are the underlying SEND needs being supported?* | | | | | | | | |
| **Working Together Team involvement:** | Yes  No | | | | | | | | |
| **Summary:** | *Where a pupil has social communication difficulties, a diagnosis or is under investigation/assessment for difficulties on the autism spectrum there is an expectation that the WTT has been involved. Please summarise the involvement or if not involved, the reason(s) for not involving them.* | | | | | | | | |
| **SALL consultation taken place:** | Yes  No | | | | | | | | |
| **Summary:** | *Where SALL consultation has taken place, please summarise the advice given and how it has been followed up and implemented.* | | | | | | | | |
| 1. **Further Information:** | | | | | | | | | |
| **Free school meal / pupil premium:** | | | | Yes  No | | | | | |
| **Forces premium:** | | | | Yes  No | | | | | |
| **Concerns about a colleague making lone visit to the home:** | | | | No | | | | | |
| Yes | **Details:** | *Please detail the concerns.* | | | |
| 1. **Signature of Referrer:** | | | | | | | | | |
| **Signature:** |  | | | | **Date:** | | | |  |
| **Name:** |  | | | | **Role:** | | | |  |
| 1. **Signature of Senior Leadership Team (SLT):** | | | | | | | | | |
| **Signature:** |  | | | | **Date:** | | | |  |
| **Name:** |  | | | | **Role:** | | | |  |

**Section 3**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Medical Needs:** | | | | | | | | | | | | |
| **Re-referral:**  If this is a re-referral do not duplicate your previous referral. Your previous referral will be considered alongside this referral. Only complete with new information since your previous referral. | No | | | | | | | | | | | |
| Yes | | **Date(s) of previous referral(s):** | | | | | |  | | | |
| **Advice from MSP:** | | | | | | | | **Action taken:** | | | |
|  | | | | | | | |  | | | |
|  | | | | | | | |  | | | |
|  | | | | | | | |  | | | |
|  | | | | | | | |  | | | |
| **Summary of the further information and actions taken since the previous referral:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Summary pupil’s current medical needs:**  Please attach any documentation from medical professionals who are currently treating the pupil with the referral.  NB: if this is re-referral only summarise and attach new information since the previous referral. | *This section is to summarise the pupil’s medical needs and conditions. This section should give an overview of the pupil’s medical situation and is the basis of why you are referring to the Medical Support Panel (MSP). This should include a summary of any significant presenting factors/life events/medical information that has led to the referral. While you may refer within your summary to supporting evidence that you are submitting alongside the referral form, this section must not only state ‘see attached documents’. This is the overview that the Panel will be considering as the basis for their understanding of the pupil and why they are being referred to MSP.*  *When attaching any medical documentation, ensure this is up to date, fully relevant to the referral and pertinent to why the pupil is unable to attend school. For example; general copies of hospital or doctor appointment letters do not need to be included as this doesn’t provide evidence of need or barriers to attending and can be detailed in the Chronology.* | | | | | | | | | | | |
| **Summary of support:**  Please attach, where applicable, copy of pupil’s Healthcare Plan with the referral.  NB: if this is re-referral only summarise and attach new information since the previous referral. | *As with the section above, this is to summarise what support and adjustments school has put in place to facilitate the pupil’s attendance at school. It is to provide Panel with an overview of the steps and support that has been put into place. Where applicable, this section should refer to the pupil’s Healthcare Plan, and a copy of this attached to the referral. Where the pupil has EBSA this should summarise the steps taken within the EBSA Pathway. While you may refer within your summary to other documents, this section must not only state ‘see attached documents’.* | | | | | | | | | | | |
| 1. **Professional Involvement:** this must include all medical professionals that are currently, or have been part of the ongoing medical assessment and treatment of the pupil. | | | | | | | | | | | | |
| **Name & Role** | | | | **Start Date:** | | **End Date:** | | **Contact details:** | | | | **Medical Evidence Provided:** |
|  | | | |  | |  | |  | | | | Yes  No |
|  | | | |  | |  | |  | | | | Yes  No |
|  | | | |  | |  | |  | | | | Yes  No |
|  | | | |  | |  | |  | | | | Yes  No |
|  | | | |  | |  | |  | | | | Yes  No |
| 1. **Voice of the Family:** | | | | | | | | | | | | |
| **Pupil views:** | *Pupil views are crucial and should remain at the centre. This section is to fully detail the pupil’s views from fully exploring these with the pupil. Please detail how capturing the pupil’s views has been facilitated. It is not appropriate to state it has not been possible to collect the pupil’s voice and views. Where a pupil has been unable to provide their views verbally, these views can and should still be captured through the vast host of ways of doing this.* | | | | | | | | | | | |
| **Parent/Carer Views:** | *As above, parent/carer views are also key and should also remain at the centre. This section is to fully detail their views from fully exploring these with the parent/carer. Please detail how this has been facilitated.* | | | | | | | | | | | |
| 1. **Attendance:** | | | | | | | | | | | | |
| **Current Academic Year:** please include a printout with the referral | | | | | | | | | | | | |
|  | | **Actual Attendance (Number of Sessions)** | | | | | **Possible Attendance**  **(Number of Sessions)** | | | | **%** | |
| **Term 1** | |  | | | | |  | | | |  | |
| **Term 2** | |  | | | | |  | | | |  | |
| **Term 3** | |  | | | | |  | | | |  | |
| **Previous Academic Year:** please include a printout with the referral | | | | | | | | | | | | |
|  | | **Actual Attendance (Number of Sessions)** | | | | | **Possible Attendance**  **(Number of Sessions)** | | | | **%** | |
| **Term 1** | |  | | | | |  | | | |  | |
| **Term 2** | |  | | | | |  | | | |  | |
| **Term 3** | |  | | | | |  | | | |  | |
| 1. **Reduced Timetable:** | | | | | | | | | | | | |
| **Accessing reduced timetable:**  Please include a copy of the most current timetable with the referral. | | | No | | | | | | | | | |
| Yes | | Implemented on: | | | | |  | | |
| LA informed on:  (via Pupil Attendance and Absence Notifications) | | | | |  | | |
| 1. **Attainment:** | | | | | | | | | | | | |
| **Description:** | *Please provide a brief description of the pupil’s educational attainment and include the most recent assessment of their ability with the referral.* | | | | | | | | | | | |
| 1. **Programme of Study:** | | | | | | | | | | | | |
| **Current arrangements to provide access to education:**  For pupils with an EHC plan please include details around how the additional SEND funding is being fully utilised to provide access to education. | *Please provide details of the current access to education provided to the pupil. What this looks like? How much access to taught provision is available to the pupil? Where is this delivered? How much access to online/virtual learning is available to the pupil? Does the pupil have access to online study platforms? How much work is provided in hard copy?*  *How often are staff visiting the home? Where the pupil has access to additional funding, such as SEND funding, how is this being utililsed?* | | | | | | | | | | | |
| 1. **Chronology:** | | | | | | | | | | | | |
| **Date:** | **Detail of meaningful event placed in the sequence in which they occurred:** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |

**Section 4**

**Medical Needs Only**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Support and Reasonable Adjustment:** | | | |
| **Support / Provision / Adjustment** | **Start Date:** | **End Date:** | **Impact:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 5**

**EBSA Pathway Only**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **EBSA Pathway:** | | | | | | | | | |
| **PRT Caseworker involved:** | No | | | | | | | | |
| Yes | | **Date(s):** | **Type of meeting(s):** | | | | | |
|  |  | | | | | |
| **Phase 1:** **Concern: gather background information** | | | | | | | | | |
| **Views gathered:**  Please attach completed questionnaires to the referral. | Pupil | | | | **Date:** | | |  | |
| Parent / Carer | | | | **Date:** | | |  | |
| Key Person / Professional | | | | **Date:** | | |  | |
| Class Teacher | | | | **Date:** | | |  | |
| **Phase 2: Identify: initial ideas about the concern** | | | | | | | | | |
| **Identifying Tool:** Please attach to the referral. | | | | | | | | | |
| **Initial completion:** | **By:** |  | | | **Role:** | |  | | |
| **Date:** |  | | | | | | | |
| **Revisited:** | **By:** |  | | | **Role:** | |  | | |
| **Date:** |  | | | | | | | |
| **Revisited:** | **By:** |  | | | **Role:** | |  | | |
| **Date:** |  | | | | | | | |
| **Phase 3: Mapping: identification of the areas of the concern** | | | | | | | | | |
| **Mapping Tool:** Please attach to the referral. | | | | | | | | | |
| **Initial Completion:** | **By:** |  | | | **Role:** | |  | | |
| **Date:** |  | | | | | | | |
| **Revisited:** | **By:** |  | | | **Role:** | |  | | |
| **Date:** |  | | | | | | | |
| **Revisited:** | **By:** |  | | | **Role:** | |  | | |
| **Date:** |  | | | | | | | |
| **Phase 4: Outline: comprehensive account of the concern** | | | | | | | | | |
| **Outline Tool:** Please attach to the referral. | | | | | | | | | |
| **Initial Completion:** | **By:** |  | | | **Role:** | |  | | |
| **Date:** |  | | | | | | | |
| **Revisited:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |
| **Revisited:** | **By:** |  | | | | **Role:** | | |  |
| Date: |  | | | | | | | |
| **Phase 5: Intervention & Implementation: strategies and approaches to address the concern** | | | | | | | | | |
| **EBSA Support Plan:** Please attach to the referral. | | | | | | | | | |
| **Initial Support Plan:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |
| **Phase 6: Monitor and Evaluate Interventions: review and amend the plan** | | | | | | | | | |
| **EBSA Support Plan Reviews:** Please attach to the referral. | | | | | | | | | |
| **Support Plan Review:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |
| **Support Plan Review:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |
| **Support Plan Review:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |
| **Support Plan Review:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |
| **Support Plan Review:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |
| **Support Plan Review:** | **By:** |  | | | | **Role:** | | |  |
| **Date:** |  | | | | | | | |