

## Medical Alternative Provision



### School Referral Form

This form should be used to refer a child or young person who has significant health needs which are temporarily preventing them from accessing education at their home school. The referral must be completed by the school and include evidence from an appropriate clinician. Where the child or young person has no school, the referral can be completed by a health clinician with the involvement of parents. Relevant evidence from other agencies that are involved may be included if it supports the referral.

A referral will not be considered if the head teacher/principal and parent/carer have not signed to indicate their agreement (*Sections 2 and 3*).

#### Section 1 – for schools to complete

1.1. Pupil details			
<b>Surname</b>		<b>Forename</b>	
<b>Date of Birth</b>		<b>Gender</b>	
<b>Address</b>			
<b>Post code</b>		<b>UPN</b>	
<b>FSM</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Current Academic Year</b>

1.2. Parent/Carer details			
Contact 1		Contact 2	
<b>Full name including title</b>		<b>Full name including title</b>	
<b>Relationship to pupil</b>		<b>Relationship to pupil</b>	
<b>Home address</b> <i>(if different to pupil)</i>		<b>Home address</b> <i>(if different to pupil)</i>	
<b>Post code</b>		<b>Post code</b>	
<b>Home telephone</b>		<b>Home telephone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Email</b>		<b>Email</b>	

1.3. Current school/setting details			
<b>Referring school</b>		<b>School contact and role</b>	
<b>Contact tel.</b>		<b>Contact email</b>	

1.4. Outline of pupil's diagnosis and reason for referral			
<b>Mental Health need</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Physical health need</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Details:</b>			



**1.5. Other professionals involved: what actions are currently in place to support the pupil? (Please provide as much detail as possible)**

Agency	Lead professional (name and role)	Nature of intervention	Contact details
Paediatrics			
Solar			
Educational Psychology			
Engage			
SISS			
Social Services			
Young Carers Service			
Youth Offending Service			
Other			

**1.6. Intervention/Actions taken by school to support the pupil's education at the home school**

Intervention/Action	Date and Duration	Outcome

**1.7. Assessment details (most recent)**

<b>Early Years</b>	<i>Please include GLD and all 7 early learning goals</i>
<b>Key stage 1</b>	<i>Please include phonics screening and age-related expectations</i>
<b>Key stage 2</b>	<i>Please include reading, writing, maths, RWM combined,</i>
<b>Key stage 3</b>	<i>Any relevant assessment information to support the referral</i>

**1.8. Key stage 4 courses being followed (if appropriate)**

Subject	Awarding Body	Qualification	Current Grade	Predicted Grade
English Language				
English Literature				
Maths				
Science				
Other				

**1.9. SEND details**

<b>SEN register?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>EHCP applied for?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>
<b>EHCP draft?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>
<b>EHCP final?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>

**1.10. Risk Assessment and Safeguarding**

	<i>(0 = Unlikely, 1 = Possible, 2 = Probable, 3 = Certain)</i>			
	0	1	2	3
<b>Truantiing lessons</b>				
<b>Absconding from school site</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Persistent refusal to follow instructions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verbal aggression towards peers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verbal aggression towards adults</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical aggression towards other pupils</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical aggression towards adults</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bullying peers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inappropriate sexual behaviour towards others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dangerous behaviour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Confidential child protection</b> ( <i>information available on request</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>1.11. Behaviour</b> <i>(including any isolation, internal exclusion and suspension information)</i>

**Section 2 – Headteacher/Principal to sign**

<b>Headteacher</b> (name)	
<b>Signature</b>	
<b>Date</b>	

The headteacher’s or principal’s signature indicates that school staff have fully discussed the referral with parents or carers. As a result, the family understand the different outcomes that can follow a referral.

**Section 3 – Parent/Carer to sign**

<b>Parent/Carer</b> (name)	
<b>Signature</b>	
<b>Date</b>	

The school/service may need to seek further clarification regarding the medical evidence provided.

**Do you consent for the provider of the medical evidence to provide any further clarifying information needed for the purposes of this referral?** Yes  No

The information on this form will be used by the school to make a referral into the medical alternative provision pathway. To do this, the information will be shared with the medical pathway panel so that the most suitable provision can be identified where this is appropriate. A copy of the form will be kept by school as part of your child’s pupil record. If you have any questions about how the information is processed, please contact your child’s school.

**Section 4 – Health evidence. School to provide from at least one of the following:**

- Senior clinical psychologist
- Consultant psychiatrist
- Associate specialist psychiatrist
- Community paediatrician

Hospital consultant

## Section 5 - School evidence (include copies of all relevant documentation)

Last school report

EHCP (draft/final)

Attendance record over one year

**Please ensure all sections are completed in full. If incomplete referrals are submitted, this may result in a delay whilst the Medical Alternative Provision Service awaits the additional information.**

## CHECKLIST

### Section 1

- 1.1. Pupil's details
- 1.2. Parent details
- 1.3. Current school details
- 1.4. Diagnosis/reason for referral
- 1.5. Professional involvement
- 1.6. School interventions
- 1.7. Assessment results
- 1.8. Key stage 4 courses (*if applicable*)
- 1.9. SEND
- 1.10. Risk assessment and safeguarding
- 1.11. Behaviour

### Section 2

Headteacher/Principal signature

### Section 3

- Parent/Carer signature
- Parent/carers have indicated consent decision

### Section 4

Appropriate health evidence

### Section 5

School evidence

Please send completed forms and scanned documents to: [echn@solihull.gov.uk](mailto:echn@solihull.gov.uk)

Alternatively, your form can be posted to:

**Medical Alternative Provision  
5<sup>th</sup> Floor, West Wing  
Council House  
Manor Square  
Solihull  
West Midlands  
B91 3QB**