

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.

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			
Surname		Forename	
Date of Birth		Gender	
Address			
Post code		UPN	
FSM	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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

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

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

1.5. Other professionals involved: what actions are currently in place to support the pupil? <i>(Please provide as much detail as possible)</i>			
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 in the home school		
Intervention/Action	Date and Duration	Outcome

1.7. Assessment results			
	English	Maths	Science
Key stage 1			
Key stage 2			
Key stage 3			

1.8. Key stage 4 courses being followed <i>(if appropriate)</i>				
Subject	Awarding Body	Qualification	Current Grade	Predicted Grade
English Language				
English Literature				
Maths				
Science				
Other				

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

1.10. Risk Assessment and Safeguarding				
	<i>(0 = Unlikely, 1 = Possible, 2 = Probable, 3 = Certain)</i>			
	0	1	2	3
Truancing lessons				
Absconding from school site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistent refusal to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal aggression towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal aggression towards adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggression towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggression towards adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inappropriate sexual behaviour towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential child protection (<i>information available on request</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.11. Behaviour
(including any isolation, internal exclusion and fixed term exclusion information)

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Section 2 – Headteacher/Principal to sign

Headteacher (name)	
Signature	
Date	

Section 3 – Parent/Carer to sign

Parent/Carer (name)	
Signature	
Date	

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. Pupils 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

Section 4

- Appropriate health evidence

Section 5

- School evidence

Send completed forms and scanned **documents** to ech@solihull.gov.uk

Alternatively, your form can be posted to:

**Medical Alternative Provision
Solihull Alternative Provision Service
3rd Floor, East Wing
Council House
Manor Square
Solihull
West Midlands
B91 3QB**