**Education Health Needs Referral Form**

**Please email completed forms to ehnreferrals@woodlandsdurham.net**

**Student/School Details (to be completed by School)**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** |  | **DFE Number** |  |

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| **Name of student** |  | | | | **Date of Birth** | |  | | | **School Year** | | | |  |
| **UPN** |  | | | | **Gender** | | **Male** | | | | **Female** | | | |
| **ULN** |  | | | | **Preferred Pronouns** | |  | | | | | | | |
| **Address** |  | | | | **School contact** | |  | | | | | | | |
| **Role** | |  | | | | | | | |
| **School Tel No** | |  | | | | | | | |
| **School Email** | |  | | | | | | | |
| **Designated Safeguarding Lead** | |  | | | | | | | |
| **Tel. Number** |  | | | | **Exams Officer** | |  | | | | | | | |
| **Parent/Carer Email** |  | | | | **School Nurse** | |  | | | | | | | |
| **Person/s with parental responsibility and relationship to child** | | **Name** |  | | | | | | | **Sibings**  **(how many)** | |  | | |
| **Name** |  | | | | | | | | | | | |
| **Drs Surgery** | |  | | | | | | | | | | | | |
| **Parent/carer signature to consent to information being shared** | |  | | | | | | | | | | | | |
| **SEN Status** | **EHCP**  **Final** | | **EHCP Submitted/ in process** | **SEN/D Plan** | | **K** | | **Medical Plan** | | | | **None** | | |
| **Top Up Funding** | **Yes** | | **No** | | | **Access Arrangements** | | | **Yes** | | | | **No** | |

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| **RISK** | **Date risk alerted and by whom** |  | |
| **For staff safety, is a risk assessment needed?** | **Yes** | **No** |
| **Risk assessment and plan on file?** | **Yes** | **No** |
| **Date first contact called /Early Help Assessment form completed** |  | |

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| **SG/CP** | **Child Protection Plan** | **Yes** | **No** |

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| **LAC** | **Legal Status** |  | **Reason** |  |
| **Date entered care** |  | **Date left care** |  |

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| **TAF** | **Date opened** |  | **Date closed** |  |
| **TAF Lead** |  |

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| **Other Info** | **FSM** | **Yes** | **No** | **EAL** | **Yes** | **No** | **Ethnicity** |  |

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| --- | --- |
| **Referrer Name:** | **Job Title:** |

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| --- | --- | --- | --- |
| **Primary Referral Reason** | **Medical** | **Mental Health** | **Pregnant** |
| **Brief reason for Referral** |  | | |
| **Lead Medic/Clinician** |  | | |
| **Why is student currently not attending school?** |  | | |
| **What strategies have been tried and what was the impact?** |  | | |
| **How do you think the EHN team can best support the student?** |  | | |

**Safeguarding**

|  |  |
| --- | --- |
| **Please highlight any safeguarding concerns which may require further discussions** |  |

**Other Agency Involvement (Please attach all reports)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role/Agency** | **Telephone Number** | **Email** | **Start date** | **End date** |
|  |  |  |  |  |  |
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**Attendance and Academic Information**

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| --- | --- | --- |
| **Current school attendance** |  | **Current register must be attached to referral** |
| **Attendance Officer** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Target grade** | **Current Working Level** | **Teacher name and email address** | **Exam Code** |
| **English** |  |  |  |  |
| **Maths** |  |  |  |  |
| **Science** |  |  |  |  |
| **SRE/PHSE** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Required Documentation**

**(Please ensure you have attached all requested documentation or your form may be returned).**

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| --- | --- | --- | --- |
| **Document** | **Yes** | **No** | **Comments** |
| **EHCP/SEN Plan** |  |  |  |
| **Copy of CPOMS/Chronology** |  |  |  |
| **Educational Psychologist Report** |  |  |  |
| **CAMHS/Medical letters** |  |  |  |
| **Pastoral Support Plan** |  |  |  |
| **Risk Assessment** |  |  |  |
| **Student Progress Report** |  |  |  |
| **Individual Health Care Plan** |  |  |  |

# Individual Health Care Plan

**The DFE Guidance states that all pupils with a medical condition require an IHCP. Referrals submitted without an IHCP will be returned.**

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| **School** |  | | | **Pupil and Yr group** |  | | **Date** |  |
| **Pupil Address** |  | | | **Medical Diagnosis or Condition** |  | | **Family Contact**  **Information** |  |
| **Key person in school** | |  | | | | | | |
| **GP** | | | | | |  | | |
| **Clinic/Hospital Contact** | | | | | |  | | |
| **Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:** | | |  | | | | | |
| **Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision** | | |  | | | | | |
| **Daily care requirements if any** | | |  | | | | | |
| **Specific support for the pupil’s educational, social and emotional needs** | | |  | | | | | |
| **Arrangements for school visits/trips etc** | | |  | | | | | |
| **Describe what constitutes an emergency, and the action to take if this occurs** | | |  | | | | | |
| **Who is responsible in an emergency (state if different for off-site activities)** | | |  | | | | | |
| **Plan developed with** | | |  | | | | | |
| **Staff training needed/undertaken – who, what, when** | | |  | | | | | |
| **Review date of Plan** | | |  | | | | | |

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| **Sources of anxiety checklist**  **Please complete for all referrals where the pupil’s need is anxiety based** | | | | |
|  | | | | |
| **Possible source** | **Where Are They?** | | | **Comments**  **(Strategies tried, successes, barriers)** |
| **Copes well** | **Sometimes manages** | **Finds this challenging** |
| 1. Transitions: in and out of school; between lessons and places; between tasks |  |  |  |  |
| 2. Routines e.g. trips, supply staff, timetable changes, visitors, new classroom, safe space is different |  |  |  |  |
| 3. Unexpected event such as fire alarm, incident at home, absence of friend or key adult |  |  |  |  |
| 4. Maintaining friendships |  |  |  |  |
| 5. Modifying responses to different people e.g. talking to adults differently to peers |  |  |  |  |
| 6. Group work and collaboration |  |  |  |  |
| 7. Unstructured times in school such as break and lunch times |  |  |  |  |
| 8. Busy, large spaces e.g. corridors, hall, dining hall |  |  |  |  |
| 9. Noise, both in and out of class |  |  |  |  |
| 10. Smells of toilets, food technology, dining hall |  |  |  |  |
| 11. Lighting in the classrooms e.g. too bright |  |  |  |  |
| 12. Tactile such as uniform (too tight, itchy, uncomfortable) or being touched by others |  |  |  |  |
| 13. Maintaining attention in lessons |  |  |  |  |
| 14. Understanding verbal language e.g. what others are saying. Processes language quickly enough to keep up in lessons and in conversations |  |  |  |  |
| 15. Expressing wants and needs clearly through functional language, including initiating a conversation to let someone know that they need help |  |  |  |  |
| 16. Expressing themselves in social situations e.g. in a group |  |  |  |  |
| 17. Communicating emotions in a timely and expected manner |  |  |  |  |
| 18.Processing information quickly enough to keep up during lessons |  |  |  |  |
| 19. Remembering previous learning and apply to new learning (generalisation) |  |  |  |  |
| 20. Using visual aids and other concrete tools to support learning during lessons |  |  |  |  |
| 21. Having a go at most tasks, even if they are not of direct interest |  |  |  |  |
| 22. Accepting if they get something wrong, responding well to support and acting on advice |  |  |  |  |
| 23. Problem solving |  |  |  |  |
| 24. Managing individual resources every day, such as equipment for lessons |  |  |  |  |
| 25. Getting changed for PE |  |  |  |  |
| 26. Homework is done on time |  |  |  |  |
| 27. Unstructured times of the day |  |  |  |  |

**Anxious About Schools Guidance**

Please consider the THRIVE model (page 15 Anxious About Schools) and state which support has been accessed and the outcomes.

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| --- | --- | --- |
| **Thrive Graduated Support** | **Support Accessed** | **Outcome** |
| Getting Advice – Universal Support |  |  |
| Getting Help – Targeted Support |  |  |
| Getting More Help – Specialist Support |  |  |