**CHS Referral Form**

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| Section A: Personal Details  |
| Full name of pupil needing support: |       | DOB: |       |       |       |
| Name known as: |        | M:       | F:        | Prefer to self identify (please specify):        |
| Address: |       | Postcode: |       |
|       |
| Name of Parent/Carer: |       |  |  |
| Address: | (if different to above)  |  |  |
| Email: |       |  |  |
| Contact no: |       Mobile:       |  |  |
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| Referrer Information  |
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| Full Name: |       |  |  |
| Designation: |       |  |  |
| Organisation: |       |  |  |
| Contact no: |       |  |  |
| Email: |       |  |  |
| Referred by (please tick): |
|  |
| Education (EWS/AIO) | [ ]  |
| Health | [ ]  |
| Other/Assessment/MDT | [ ]  |
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| **Please use the table below to see the information required from each type of referrer for each section:** |
| **Referrer if you are from:** |  |
| **Education****(Via EWS / AIO)** | **A**, **B**, **C**, **D**, **E**, **F** (Provide Written Evidence), **G** (If relevant) and **H**Complete signatures and include the below attachments: * Attendance printout
* Supporting medical information
* Baseline information
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| **Health** | **A**, **B** (If known), **C**, **D**, **F** and **H**Complete signatures and include the below attachments:* Health Care plan

Alternatively send letters or copies of notes that provide information required |
| **Other, including referral for assessment**  | **A**, **B**, **C**, **D** and **H**Complete signatures and include the below attachments: * Attendance printout
* Minutes of latest review/multi-disciplinary meetings that led to the referral
* Baseline information
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| Section B: School and Pupil Information |
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| NCY:  |       | School name: |       |  |
| Named contact in school: |       |  |  |
| Designation: |       |  |  |
| Contact no: |       |  |  |
| Email: |       |  |  |
| UPN:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ULN:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ethnicity:      \_\_\_\_\_\_ EAL: [ ]  Pupil Premium: [ ]  Free school meals: [ ]  Start date \_\_\_\_\_\_\_ End date \_\_\_\_\_\_\_  |
| EHCP | Undergoing EHCP assessment  | SEN support | LAC | Previously LAC | Adopted | Child Protection plan | Child in Need plan | Current safeguarding concerns |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendance for: |
| this term (last 6 school weeks) |       |
| this academic year |       |
| previous Academic Year |       |
| comment on attendance |       |

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| Section C: Reasons for Referral |
| What are your concerns about this student? |       |
| Relevant family background |       |
| How does this impact on the student? |       |

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| Section D: Ideal Outcomes |
| What do you hope to gain from this referral? |       |

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| Section E: Education |
| Describe how the student behaves in school |       |
| How has the school tried to support this student and how successful has each intervention been?*e.g. reduced timetable, small group teaching, mentoring, meeting and greeting, home visits, 1:1 teaching* |       |
| Please comment on the student strengths and weaknesses:* *Academic ability and achievements*
* *Social skills and relationships*
* *Health and emotional well-being*
 |       |
| NB. Please enclose information about exam modules, expected levels of entry, courses taken, including off-site provision in the table under Curriculum Information |

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| Section F: Health Support |
| Which health professionals are supporting the student?***Medical evidence / endorsement must be supplied*** |       |
| What support and therapies are in place or planned for this student? |       |
| Has the student got a care plan from a medical professional? | Yes/No Please state reason: NB. A copy of the care/action plan must be enclosed with this referral |
| Does the student have a school Individual Health Care plan? (Both physical and mental medical needs warrant a plan) | Yes/No If no, then should a plan be written and implemented before a referral request is considered/submitted?NB. A copy of the medical/action plan must be enclosed with this referral |
| Does the student have any additional health needs/requirements? |       |

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| Section G: Other Agencies |
| Which other agencies are involved and reasons for involvement? |       |
| What support is in place or planned for this student? |       |

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| Section H: Parents and Carers |
| What are the views of the parents and student? |       |
| **PARENT CONSENT** – PARENTS ARE AWARE OF THIS REFERRAL AND:1. Have given permission for the Children’s Hospital School to contact them.
2. For the Children’s Hospital School to consult with Educational Psychologist, School Medical Officer/GP and other Professionals.
3. Will ensure that their child engages fully in the educational provision made by the Children’s Hospital School.
 | Parent/CarerPrint Name:  |       |
| Parent/CarerSignature: |       |
| Date:       |  |

| Baseline Information |
| --- |
| Student Full Name: |       | Date: |       |
| School Name: |       |
| Please circle relevant boxes below: |
| Attendance in last 6 school weeks | >50% | 25-50% | 10-25% | <10% | 0% |
| Timetable | Timetabled for all subjects | Timetabled for most subject classes | Timetabled for less than 4 subject classes for | Timetabled for 1 or 2 classes | Not expected to attend classes |
| Independence in lessons | Is independent in class | Some accommodations made by teacher but largely independent | Some adult support in class | Has adult support at all times | Is not able to attend class even with support |
| Social times (breaks and lunchtimes) | Mixes with other students well, without support | Manages social times without support | Manages social times in supported environment | Is supported by staff at social times | Avoids school at social times |
| Accessing Lessons | Goes into classrooms for lessons without support | Accesses classrooms with support | Accesses small group teaching | Accesses 1:1 teaching | Does not access teaching in school |
| Friendships | Has a number of good relationships | Has more than one good relationship with other students | Has one good relationship | Has acquaintances | Socially isolated |
| Navigates the school | Can move around school and follow timetable independently | With small accommodations can manage timetable independently | Support required such as meeting and greeting or prompting throughout the day | Substantial support required e.g. accompanied in small part of the school | Does not move around school |
| Cooperation | Always cooperative and follows rules | Small infrequent problems | Some problems, cannot / will not cooperate especially when under stress | General issues with behavior | Behavioral difficulties |
| Communication | Communicates well and is polite | Some difficulties communicating | Often cannot / will not communicate e.g. in class or discussions with staff | Sometimes is inappropriate | Is often rude and inappropriate |

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| Curriculum Information |
| **Subject** | **Current Level/Grade** | **Course (for KS4)** | **Level of Entry** | **Modules completed grade** |
| **English** |       |       |       |       |
| **Maths** |       |       |       |       |
| **Science** |       |       |       |       |
| **ICT** |       |       |       |       |
| **RE** |       |       |       |       |
| **ART** |       |       |       |       |
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| **Please include any other information you feel relevant:** |
| **Please make sure that all sections are completed in full. Incomplete/missing information may result in a delay.**  |
| **Completed referral form and supporting documents can be sent to the school either:****by post - Children’s Hospital School, Willow Bank School, Simmins Crescent, Leicester, LE2 9AH or****via email** **referrals@childrenshospitalschool.leicester.sch.uk****If you would like to discuss any aspect of the referral process, please contact Elaine Stephens, Review and Referral Administrator on 0116 229 8137 (option 3)** |

**Hospital Education placement – Service Level Agreement**

Between: ……………………………………………………... School / Academy and Children’s Hospital School

Pupil Name: …………………………………………………………………… Pupil Date of Birth: ……………

**Purpose**

The purpose of this Service Level Agreement (SLA) is to establish and clarify the operational and financial arrangements between The Children’s Hospital School and Home Schools / Academy Trusts.

The SLA will set out the terms and conditions of how The Children’s Hospital School will work in partnership to provide support for pupils with medical needs who are unable to attend school.

Once the signed form has been received by The Children’s Hospital School, support for the pupil can commence subject to appropriate medical advice and according to dual registration arrangements. This SLA provides a basis for effective partnership working between The Children’s Hospital School and schools / academies.

**Our Commitment**

The Children’s Hospital School agrees to:

* Make personalised educational provision for individual pupils, ensuring continuity of educational provision.
* Provide direct teaching, individually or in groups, to pupils with medical health needs.
* To undertake appropriate educational assessments to ensure the correct personalised learning programmes are provided to meet the individual needs of the pupil.
* To enter pupils for examinations where appropriate and liaise with the home school regarding entries and results.
* To monitor and evaluate the effectiveness of provision for individual pupils who cannot attend school due to medical health needs or who are on an integration programme. Support the home school in the development of an appropriate and sustainable integration programme.
* Contribute to Education, Health, and Care Plan assessments according to the Code of Practice.
* Support and advise schools/academies in maximising the achievements and attainment of pupils with medical needs.
* Facilitate the involvement of pupils in making decisions about their own educational options, setting their own targets for learning and other priority health and social needs and in monitoring their own progress.
* Work closely with parents, external agencies, and home schools to ensure a collaborative view and good working relationships are maintained and that the pupil’s rights are paramount in decision making.
* To ensure accurate sharing of information, providing regular progress, attendance and safeguarding updates to home schools and external agencies that are involved with the pupil.
* To work with pupils to provide post 16 pathway advice and support.

**Home School’s Commitment**

The home school / academy and their Governors agree to:

* Maintain the pupil on their school roll.
* Ensure there is a named contact person (usually the SENCo) for pupils with medical needs.
* Work with staff at The Children’s Hospital School to plan and implement individual learning plans for pupils with medical needs which have special or additional educational needs.
* Implement the school’s policy on Inclusion, Equalities and Special Educational needs, taking into account the code of practice, DfE statutory guidance and LA policies for pupils with medical needs.
* Maintain a collaborative and positive working relationship with The Children’s Hospital School, parents/carers and outside agencies.
* To attend regular multi-agency review meetings organised by The Children’s Hospital School to review pupil’s progress and individual learning plans for pupils.
* Work with The Children’s Hospital to plan and implement individual healthcare plans in line with DfE statutory guidance.
* To support the implementation and success of reintegration plans for pupils.

**Financial arrangements**

The home school / academy agrees to pay the equivalent pupil premium / free school meal amounts as set out below (where appropriate):

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| --- | --- | --- |
|  | **Pupil premium** | **Free school meals** |
| Secondary | £27.56 per week | £12.50 per week |

The home school / academy will also be charged for examination entries and any additional charges incurred such as late fees and marking review fees.

**Termination of a pupil’s placement**

The Children’s Hospital School retains the right to end the placement of a pupil before the agreed end date if the Head Teacher deems this necessary. This will be the case when it is clear to all parties that there has been a serious breach of The Children’s Hospital Schools code of conduct / SLA or it is clear through regular communication with the referring school/academy that the pupil’s placements has broken down and it is no longer in the pupil’s best interest for the placement to continue.

If a pupil is at risk of their placement being withdrawn, The Children’s Hospital School will work with home schools to provide as much notice as reasonably possible and will ensure that appropriate reintegration/alternative education provision is in place.

For any breach of the service level agreement, we will in the first instance attempt to effectively resolve the issue with the referring school / academy. Should this breach not be resolved, then either party may wish to withdraw from the agreement, however, consideration must be made to ensure the progress and welfare of any pupil on current placements.

In accordance with DfE guidance The Children’s Hospital School will only look to terminate a pupil’s placement as a very last resort, after all strategies and interventions have been unsuccessful.

**Declaration**

On behalf of The Children’s Hospital School, I have read and understood this Service Level Agreement. I will ensure that the content is disseminated to relevant staff within my organisation and that we agree to abide by the terms and conditions of this agreement for providing educational support.



Signed: Stephen Deadman (Executive Headteacher)

 The Children’s Hospital School

On behalf of ………………………………………………………… I have read and understood this Service Level Agreement. I will ensure that the content is disseminated to relevant staff within my organisation and that we agree to abide by the terms and conditions set out in this agreement.

Signed: ……………………………………………………. Headteacher / Principal

Print Name: …………………………………………………………………

Date: …………………………………………….