

**Appendix 1**

**Medical Referral Form**

**Pupil Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Year group |  |
| Date of Birth |  | Gender |  |
| Ethnicity |  | First Language |  |
| Current attendance% |  | CoP level |  |
| Looked After child? |  | Child in Need? |  |
| CP Register? |  | UPN: |  |

**Family Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pupil address |  | | | | |
| Parent/carer name |  | | Relationship | |  |
| Address |  | | | | |
| Telephone |  | | | Mob: | |
| Email |  | | | Parental responsibility? | |
| Parent/carer name |  | | Relationship | |  |
| Address |  | | | | |
| Telephone |  | | | Mob: | |
| email |  | | | Parental responsibility? | |
| Siblings name/s | Date of Birth | School | | | |
|  |  |  | | | |

**School Information**

|  |  |
| --- | --- |
| School |  |
| Telephone |  |
| Head Teacher |  |
| SENCO |  |
| Main Contact |  |

**The Pupil**

Medical Issues

Healthcare Professional name and contact details

Strengths

|  |
| --- |
|  |

**Outside agencies involved**

e.g. Health, Social Care, Education Psychology, CAMHs, YOT etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Contact Name/Role | Telephone | Current/previous involvement |
|  |  |  |  |

**Pupil Learning Profile**

|  |  |
| --- | --- |
| Chronological age of pupil: |  |
| Foundation Stage  Profile: | FSP: |
| Reading age: |  |
| Spelling age: |  |
| DEST/COPS test?  Other? |  |

**Key Stage 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reading** | **Mathematics** | **Science** |
| Test level achieved |  |  |  |
| Teacher assessment |  |  |  |

**Key Stage 3 – *must be completed if in KS4***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reading** | **Mathematics** | **Science** |
| Test level achieved |  |  |  |
| Teacher assessment |  |  |  |

**Cognitive Abilities Test**

|  |  |  |  |
| --- | --- | --- | --- |
| **Verbal** | **Quantitative** | **Non-verbal** | **Average** |
|  |  |  |  |

**Key Stage 4 – Targets for GCSE Performance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subject | Exam  Board | Current Grade | Target Grade | Subject | Exam  Board | Current Grade | Target Grade |
| English |  |  |  | (please specify) |  |  |  |
| Maths |  |  |  | Option 1 |  |  |  |
| Science |  |  |  | Option 2 |  |  |  |
| Humanities (please specify) |  |  |  | Option 3 |  |  |  |
| 14-16 College  Course |  |  |  | Extended Work  Experience |  |  |  |

**Access Arrangements**

**Reader YES / NO Scribe YES / NO Overlays YES / NO**

**Laptop YES / NO 25% extra time YES / NO**

**Examinations officer:**

**Tel: Email:**

**Please attach any medical evidence such as CAMHS, GP or other.**

|  |  |
| --- | --- |
| Form completed by: |  |
| Position in School: |  |
| Date: |  |
| Date received by HCC |  |
| ISS comments: |  |

**We will treat all information provided in confidence and in accordance with the Data Protection Act 1998. We will use the information for the purpose of identifying appropriate support and may share information within HCC Children’s Services and Health Services for the same purpose.**

**Please return to Attendance Officer, Inclusion Support Service, E2, The Castle, Winchester – attendance.queries@hants.gov.uk.**