



**REQUEST FOR THE INVOLVEMENT OF THE MEDICAL EDUCATION TEAM**

Recoupment of 80% of the weekly AWPU will apply whilst the pupil is with MET

|  |  |                                  |  |
|--|--|----------------------------------|--|
| Pupil Surname  |  | School                           |  |
| Pupil Forename   |  | School Address                   |  |
| Date of Birth  |  | Postcode                         |  |
| Male/Female  |  | NC Year                          |  |
| Parents/ Carers  |  | School Telephone No              |  |
| Address  |  | Classteacher / Head of Year      |  |
|  |  | SENCO                            |  |
| Postcode   |  | Headteacher                      |  |
|  |  | Education Psychologist           |  |
| Home Telephone No  |  | EWO                              |  |
| School Doctor  |  | School Nurse                     |  |
| Is the pupil in the 'looked after' system? Yes / No<br>Does the pupil receive free school meals? Yes / No<br>Is the pupil GRT (gypsy,roma,traveller)? Yes / No |  | Who has parental responsibility? |  |

**Please indicate the pupil's status regarding the SEN Code of Practice:**

- |                         |                                |
|-------------------------|--------------------------------|
| Pupil does not have SEN | School Action Plus             |
| Early Years             | Statutory Assessment requested |
| Early Years Action Plus | Statutory Assessment commenced |
| School Action           | Statement                      |

Date of next review:

**In order to efficiently plan the most appropriate educational provision for your pupil we need to receive detailed information regarding their medical condition and academic progress.**

|  |                     |
|--|---------------------|
| Date absence began:<br><br>(Where pupil is pregnant please give expected date of delivery and attach evidence from GP or midwife.)   | Reason for absence: |
| Date of most recent medical appointment:   |                     |
| Name and address of supporting medical Consultant/Psychologist:<br><br><b>(It is essential that you attach supporting medical evidence to your request for MET involvement.)</b> |                     |
| Plan for future intervention:  |                     |
| Date of anticipated return to school:  |                     |

## Academic Information

### Key Stages 1, 2 and 3

| Subject        | Topics to be covered | Text book/resources provided | Level of pupil progress to date |
|----------------|----------------------|------------------------------|---------------------------------|
| <b>English</b> |                      |                              |                                 |
| <b>Maths</b>   |                      |                              |                                 |
| <b>Science</b> |                      |                              |                                 |
| <b>Other</b>   |                      |                              |                                 |

### Key Stage 4

| Subject  | Exam Board | Tier of entry | Dates of exams |
|--|------------|---------------|----------------|
| <b>English</b>                                     |            |               |                |
| Coursework to be completed:                        |            |               |                |
| Textbooks/resources provided by school:            |            |               |                |
| <b>Maths</b>                                       |            |               |                |
| Textbooks/resources provided by school:            |            |               |                |
| <b>Science</b>                                     |            |               |                |
| Any assessments/ISA(s)/coursework to be completed: |            |               |                |
| Textbooks/resources provided by school:            |            |               |                |
| <b>Other</b>                                       |            |               |                |
| Coursework to be completed:                        |            |               |                |
| Textbooks/resources provided by school:            |            |               |                |

**It is important to note that MET is not registered as an Exam Centre and that application for special access arrangements for external exams remains the responsibility of the school.**

**Please indicate those services which have been involved with the pupil:**

LST  
 Speech & Lang Therapist  
 Educational Psychology  
 Connexions  
 Physiotherapist  
 Child & Adolescent Psychiatry (CAMHS)

BST  
 Youth Offending Service  
 Occupational Therapist  
 EWO  
 School Health  
 Other (please specify):

**Prior/current involvement of Teams within ISSS**

| Team                          | Specialist Teacher | Intervention | Date |
|-------------------------------|--------------------|--------------|------|
| Autism Team                   |                    |              |      |
| Visual Impairment Team        |                    |              |      |
| Hearing Impairment Team       |                    |              |      |
| Multi-Sensory Impairment Team |                    |              |      |

**In order to process your request please attach relevant copies of the following reports:**

- Most recent SAT results/Teacher Assessment level
- Recent attendance record
- A copy of the pupil's most recent IEP / Provision Map / Statement of SEN
- A copy of the most recent Educational Psychology / external agency report
- Any recent observations by class teacher / SENCO /Year Head / EWO, etc.

**I confirm that the parents / carers have given permission for this request for involvement**

|            |           |
|------------|-----------|
| Name:      | Position: |
| Signature: | Date:     |

**I confirm that recoupment will apply where tuition from MET is provided**

|   |           |
|---|-----------|
| Name:   | Position: |
| Signature:  | Date:     |
| School cost code for Journal transfer:<br>(or please indicate if you would prefer to be invoiced) |           |

|                                  |  |
|----------------------------------|--|
| Email address for school contact |  |
|----------------------------------|--|

**Please ensure that all details are completed as fully as possible so that the Medical Education Team can respond quickly and efficiently. Incomplete forms may be returned.**

Thank You