# Request for SEND Involvement

## Medical Education Team

Please use this form if you feel a child/young person has additional needs which their current level of provision is not addressing. You are not required to complete the whole form to the same level of detail; concentrate on the presenting issues. Do not hesitate to follow established safeguarding procedures as soon as any requirement to do so is identified.

Please attach copies of any assessments, records or observations that will help us to assess the needs of this child/young person. If there is insufficient information attached we will not be able to process the request.

## Details of child or young person

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name(s): |  | | | | Surname: | |  | | | |
| Previous/AKA: |  | | | | Preferred Name: | |  | | | |
| Referring School: |  | | | | Year Group: | |  | | | |
| Date of Birth: |  | | Age: | |  | Lives with: |  | | | |
| Home Address  (including postcode): | | |  | | | | | | | |
| Gender: | | Female:  Male:  Wish not to reveal | | | Religion *(if known):* | |  | | | |
| Parent/Carer  Name: | |  | | | Telephone No: | |  | | | |
| Does this person have parental responsibility?  Yes:  No:  If no, please state who does: | | | | | Mobile No.: | |  | | | |
| Email: | |  | | | |
| Address:  *(if different)* | | | | | | | | | | |
| Child  Protection Register? | | | | | Yes:  No: | | Is this pupil in the looked after system? | | | Yes:  No: |
| Is the pupil eligible for Free School Meals? Yes:  No:  Please confirm how you the family will access this support if a MET placement is secured | | | | |  | | | | | |
| Is the pupil a member of the GRT community? | | | Yes:  No: | | Is the pupil a member of a services  family? | | | | | Yes:  No: |
| Is the pupil a young carer? | | | Yes:  No: | | Is the pupil registered as EAL | | | | | Yes:  No: |
| Does this pupil receive  Pupil Premium? | | | Yes:  No: | | Are there any medical conditions that staff working with this pupil needs to be aware of? | | | | | Yes:  No: |
| Please give a brief outline of medical needs | | |  | | | | | Consultant level medical evidence attached:  Yes:  No: | | |
| SEND: *(Please describe the SEND –including any formal diagnosis secured or underway)* | | |  | | | | | Current status on SEND register:  SEN Support:  EHCNA:  EHC Plan: | | |
| Historical Safeguarding concerns: | | |  | | | | | | | |
| Has there been, or is there any domestic abuse at home? | | | Yes:  No: | Has there been, or is there  currently involvement through  the Social Care? | | | | | Yes:  No:  If yes:  Current:  Past: | |

## Ethnicity

|  |  |
| --- | --- |
| Child’s first language: | Parent(s) first language: |
| What level of proficiency in English is the child? | New to English, A:  B:  C:  D:  Fluent E: |
| Interpreter or signer required?  Yes:  No: | Has this been arranged? Yes:  No: |
| Details of any special requirements (for child and/or their parents): | |

**If the MET referral panel feel that there is insufficient evidence to make a decision, this will be referred to the CCAS panel. Please confirm you have secured parental consent to enable this:**

**Yes:  No:**

## Referrer details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Position: | |  | |
| School/Organisation/Agency: | | | | | |
| Address: |  | | | | |
| Telephone No: |  | | E-mail: | | |
| SENCo Name: |  | | E-mail: | | |
| Have you seen this child/young person in connection with this service request? | | | | | Yes:  No: |
| Have you seen the parent/carer in connection with this service request? | | | | | Yes:  No: |

## Development of child or young person – main areas of concern

|  |  |
| --- | --- |
| General health |  |
| Visual Impairment |  |
| Hearing impairment |  |
| Cognitive |  |
| Speech, language & communication |  |
| Behaviour, emotional & social |  |
| Participation in learning |  |
| Self-care skills & independence |  |
| Self-esteem |  |
| Identity |  |
| Peer relationships |  |

|  |
| --- |
| Please describe what is happening, where and when, how often and for how long, giving examples if possible. Is there anything else that may be influencing the current difficulties? Include any current medications or treatments.  You can list your concerns using bullet points. You may wish to share the parents’ viewpoint in this section by commenting on the child’s areas of needs at home/’out and about’, as well as in the school or setting. |
|  |

## Progress and attainment in learning

**Key Stage 1-2 (Please rate each subject using the scale)**

| **Progress** | **Reading** | **Writing** | **Maths** |
| --- | --- | --- | --- |
| Significantly below ARE |  |  |  |
| Slightly below ARE |  |  |  |
| In line with ARE |  |  |  |
| Slightly Above ARE |  |  |  |
| Significantly above ARE |  |  |  |

**Key Stage 3-4. Student currently working at:**

|  |  |  |
| --- | --- | --- |
| **English** | **Maths** | **Science** |
|  |  |  |

## Supporting information

|  |
| --- |
| **Child or young person’s strengths / interests**  This section could include particular interests and achievements either in the school/ setting or outside of the school/ setting – this may include hobbies, sporting strengths, clubs or youth organisations, such as Brownies, Scouts, Church Groups, and so on. |
|  |
| **Actions already taken to support child/young person**  Please give details of the graduated response to this child’s needs used by school/setting  You can bullet point the targets and strategies used to support the child. |
|  |

|  |  |
| --- | --- |
| **Please attach the following documents if available:**  Assessments  Reports  Progression Framework Plans  Observations  Action Plans  PEPs  PSPs  Attainment data (e.g. Target Tracker profiles)  Attendance record over last 2 terms   Progress Data  Pupil Timetable Suspensions/Permanent Exclusions  Other  (please specify) | |
| I confirm that the parents/carer have given permission for this referral: | |
| Signed (Referrer) | Role |
| Print Name | Date |

**By making this referral, all parties agree that this is a short-term placement to:**

**Support the pupil’s reengagement with education and are committing to contributing and participating in a half-termly review meeting (PEP).**

**Schools are expected to work closely with the Medical Education Team and provide continued support such as curricular information and resources to support the pupil's continuing education.**

**The school will be responsible for entering and managing pupil entry for external examinations.**

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

|  |  |
| --- | --- |
| Signed (Referrer): | Role: |
| Print Name: | Date: |

School cost code, if applicable (please indicate if you would prefer to be invoiced):

Please note special rates apply for pupils attending special school.

If the pupil is in receipt of pupil premium a request to access some of this funding to support an individual pupils’ needs may be made.

**MET Costs for 2025/26:**

|  |  |
| --- | --- |
| Year Group | Agreed Local Funding Formula for Schools 2025-26 over 39 weeks.  Safeguarding duties remain with the school |
| Year 1 | £77.99 |
| Year 2 | £77.99 |
| Year 3 | £77.99 |
| Year 4 | £77.99 |
| Year 5 | £77.99 |
| Year 6 | £77.99 |
| Year 7 | £110.30 |
| Year 8 | £110.30 |
| Year 9 | £110.30 |
| Year 10 | £124.47 |
| Year 11 | £124.47 |

**Please tick the services involved with this child/young person/family and provide the names and contact details of those involved.** Please fill this in as much as you can with the parent’s support.

|  |  |  |  |
| --- | --- | --- | --- |
| ✔ | Agency/ Professional/  Organisation | Contact Person | Contact Details |
|  | GP |  |  |
|  | School nurse |  |  |
|  | Health Visitor |  |  |
|  | Counsellor |  |  |
|  | CAMHS |  |  |
|  | Paediatrician/Hospital Specialist Doctor |  |  |
|  | Educational Psychologist |  |  |
|  | Speech and Language Therapist |  |  |
|  | Physiotherapist |  |  |
|  | Occupational Therapist |  |  |
|  | Young Carers |  |  |
|  | Social Care |  |  |
|  | Parenting Services |  |  |
|  | SureStart |  |  |
|  | Targeted Youth Support |  |  |
|  | Youth Justice/Police |  |  |
|  | Operation Encompass |  |  |
|  | Specialist Advisory Teacher / Consultant |  |  |
|  | Outreach Services (please specify) |  |  |
|  | Attendance Improvement Officer |  |  |
|  | Other (please state) |  |  |

### Parental / Carer Consent

Child/Young Person……….…………………..………………………. Date of Birth……..……......

School /Provision Attended:

... ……………………………………………………………………………….

In order for us to provide the best possible service, we may need to undertake assessments and contact other professionals working with you and your family to share relevant information.

Any information we are given will be kept confidential and will only be shared with other people when necessary. You will be kept informed of any progress and invited to take part in discussions.

If you do not want us to contact or share information with a particular agency/professional, please advise the person referring your child.

The only exception to this is if there are concerns about a child’s safety, when we have a duty under the Children Act (2004) to pass on our concerns to the appropriate authority.

Signed……………………………………………………………....... Parent / Carer

Print Name……………………………..................................... Date…....................

If you require help completing this form, please contact the Medical Education Team:

Tel: 01905 844864

Email: [MET@worcestershire.gov.uk](mailto:MET@worcestershire.gov.uk)

This form should be returned to the Medical Education Team, either through the Worcestershire County Council Children’s Services Portal or by post to:

Medical Education Team Lead

Worcestershire County Council

Wildwood, Wildwood Drive, Worcester, WR5 2NP