

# The Skylark Partnership: Hospital and Outreach Education

## REQUEST FOR INVOLVEMENT

<b>Student Name</b>	
<b>Date of Birth</b>	
<b>Year Group</b>	
<b>PARENTAL AGREEMENT</b>	
Name:	Name:
Relationship to child:	Relationship to child:
Email address:	Email Address:
Parental responsibility: YES / NO	Parental responsibility: YES / NO
<p>I / we give permission for the school and Hospital and Outreach Education, to consult with other professionals involved with my child.</p> <p>Signature: _____ Date: _____</p>	

<b>SCHOOL DETAILS</b>	
School / Academy Name	
Telephone number	
<b>DETAILS OF LINK PERSON FROM SCHOOL</b>	
Name	
Role	
Email Address	
Telephone Number	
<b>HEADTEACHER AGREEMENT</b>	
<ul style="list-style-type: none"> <li>• I confirm that I have read the Service Level Agreement and Policy on Services Charged to Schools and Academies for Hospital and Outreach Education</li> <li>• To the best of my knowledge, I confirm that the information contained in this referral is accurate</li> </ul>	
Signed:	Headteacher/Principal
Date:	

<b>STUDENT DETAILS</b>			
First Name:		Address:	
Middle Names:			
Surname:			
Preferred Name(s):			
Gender:		Contact Numbers:	
Ethnicity:			
UPN Number:		ULN Number:	
Is this a Looked After Child?	YES / NO	Is the child entitled to free school meals?	YES / NO
Does this child have English as an additional language?	YES / NO	Is this child in receipt of pupil premium?	YES / NO
Does this child have an Education, Health and Care plan or Statement of Special Educational Need?	YES / NO	Is this child 'Gifted and Talented'? In which area of education?	YES / NO
<b>SAFEGUARDING INFORMATION</b>			
Is this child currently subject to a child protection plan?	YES / NO	If answer yes, under which category?	
Has the child been subject to a child protection plan in the past? If so, please give dates?	YES / NO	If answer yes, under which category?	
Is this child a 'Child in Need'?	YES / NO	Name of lead professional	
Does this child have an EHA?	YES / NO	Name of person leading EHA	
Other early help and prevention team involvement?	YES / NO	Name of team Name of lead worker Contact details	
Are there any other causes for concerns in relation to this child or this family?	YES / NO	Please give brief details	
Name of school/Academy Designated Safeguarding Lead		Contact details (e-mail and telephone)	
Are you requesting advice or intervention support?	Advice / Intervention Please circle relevant answer	Does the child have a formal diagnosis? Diagnosis given?	YES / NO

How is the medical/mental health difficulty impacting on the child's ability to attend school?	<i>Please give details:</i>
Are there any significant risks when making home visits/working with parents/carers?	YES / NO <i>Please give details:</i>
Are there any other health and safety issues that we need to be aware of when working with the child/family?	YES / NO <i>Please give details:</i>
Why are you requesting support at this time from Hospital and Outreach Education?	
What are your preferred outcomes from the support package from Hospital and Outreach Education?	

<b>Please detail interventions put in place using additional SEN monies</b>		
<b>Interventions used at Universal, Small Group or Individual level</b>	<b>Further details e.g. duration of intervention</b>	<b>Outcome of intervention</b>
Meetings		
Phone calls		
Programmes of support e.g. specific teaching, 1:1 support, small group, mentoring sessions		
Part time timetable		
Regular contact by whom? Home/school liaison purpose? e.g. Safeguarding		
Other		

**Please detail any other relevant information below**

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**OTHER PROFESSIONALS INVOLVED**

<b>Paediatrician / Consultant</b>		
<b>CAMHS</b>		
<b>GP</b>		
<b>Learning, Skills and Education teams e.g. Autism Outreach/Sensory Impairment team</b>		
<b>Education Inclusion and Partnership Team</b>		
<b>Other Health teams e.g. physiotherapy, occupational therapy</b>		
<b>School Nurse</b>		
<b>Other involvement e.g. youth counselling services, Prospects</b>		
<b>IASS worker</b>		
<b>Other</b>		

**Please use the following checklist to ensure that you have completed / submitted all of the required documents.**

	Please Tick
Request for Involvement fully completed and signed by the Headteacher and the Parent	
Service Level Agreement signed by the Headteacher	
Baseline Information Form	
Printout of attendance	
Medical Advice Form sent to the relevant medical professional Name of health professional sent to : ..... Date sent : .....	
<b>Failure to include the information listed above may result in a delay to the referral being fully considered.</b>	

<b>Please return the completed forms to</b>	
<b>Hospital and Outreach Education Delapre Learning Centre Alton Street, off Main Road Far Cotton Northampton NN4 8EN</b>	<b>Or email either password protected or encrypted to:</b>  <a href="mailto:businesssteam@nhoe.org.uk">businesssteam@nhoe.org.uk</a>