**Dear Medical Professional**

The medical evidence you provide will help the pupil, parent, school and LA to identify what approach to take in supporting a child with mental health needs or physical health needs. Schools may want to use this information to draw together an individual health care plan and identifying special educational needs so please provide as much information as possible.

The aims for the service are that

1. Pupils keep up with school rather than needing to catch up
2. Pupils are involved in planning the approach
3. Education is aspirational, inclusive and strength based

**Part- time timetables**

Pupils of compulsory school age are entitled to full-time education; in exceptional circumstances, reduced timetables are permitted. For illness, this must be on the recommendation of the health professional, where there is a specific need and it is on a temporary basis only.

Some children will only be able to manage part time education (less than 18 hours). In these cases regular review of child’s condition, treatment plan alongside their timetable should demonstrate a move towards full time school attendance.

**We ask you to consider what amount of education is reasonable for the child given their condition at different stages**

**Types of Alternative Provision**

Our team commission education that is delivered through small groups or registered independent schools, one to one teaching in homes, libraries or the Childs’ school and online.

**Recommendations to support the child to return to school – Page 3**

* This might include strategies that are known to help the child during times of distress, details of people or services to contact during a crisis
* Interventions or specialists that schools can use
* The strengths of the child including any knowledge of the child’s views and self- management techniques to avoid/cope with triggers.
* The context in which difficulties arise, and the resources available to help
* Therapeutic strategies that can be used by school and support staff
* In class/school support, pastoral intervention, counsellor, mentor, Inclusion Hub access, time out cards, plans for moving between classes, assembly and break times
* Resources, materials, staff communications, staff training, home school communication, peer awareness

Oxfordshire hospital school have produced some helpful guides to support inclusion and support in school for children with anxiety and ocd <https://ohs.oxon.sch.uk/medical-needs-in-schools/policies-and-links-for-schools/>

MEDICAL EVIDENCE

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| **Must be completed by a senior medical practitioner or CAMHS professional treating the child**  **Childs Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assessors Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Health assessment** | |
| Does the child have a diagnosis? | Y/N |
| Please detail: ***(Include any working diagnosis)*** | |
| Does the illness prevent the child from attending mainstream school for 15 days or more?  Please complete page 3 with your recommendations | Y/N |
| Describe medical needs and give details of child’s symptoms, triggers, signs | |
| What is your current assessment of the contexts and factors surrounding the child’s diagnosis and the child’s strengths | |
| How does the child’s condition affect their ability to access full time mainstream school? | |
| How long do you anticipate the pupil will not be able to attend school full time? (Number of weeks) |  |
| In your view, can the child access 18 hours per week of education? | Y/N |
| Can the child access small group setting? | Y/N |
| **Treatment Plan** | |
| Please detail the treatment plan for the child, including any medication, treatment length and any fixed treatment days: | |
| What is the areas of focus and goal for treatment? For example building of relationships, self-management, attendance at school, etc. This will support to understand desired outcomes for the child. | |
| What arrangements are in place for treatment reviews? What is the cycle of review? | |

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| **Recommendations to support the child to return to school – to be completed for all cases** |
| Based on the length of time you have suggested the child cannot access school please consider these questions:  How do you think we should approach a progressive return to school? |
| What are your recommendations for reasonable adjustment that should be made by school? |
| How do you suggest the school and pupil maintain contact during the period of AP?  e.g. access to school one or two day a week, after school access, visit to a teacher, school phone call or home visit  What do you recommend for access arrangements i.e. examinations  If hours are below 18 per week, at what interval should these be reviewed?  Are there any teaching strategies or approaches that the school can use to support a return? |