**September 2019**



**EOTAS (health needs) Referral Passport**

\* Requests are considered every Wednesday morning and you will be notified of the decision within 24hrs.

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| **Request for EOTAS (health needs) service** | | | | | | | |
| Please tick one box, complete the form and forward to:-  **eotashealth@northumberland.gov.uk** | | | | | | Medical Mental Health : 🀉 | |
| School: | | | | | | Medical Physical Health : 🀉 | |
| Date Passport sent to EOTAS Health email address: | | | | | | | |

**IMPORTANT - this referral will not be considered at the weekly panel until we have received supporting medical evidence and incomplete Passports will be returned to the agency making the referral**

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| **Section 1 : Learner details** | | | |  |
| **Surname** |  | **Forename(s)** |  | |
| **Date of Birth** |  | **National Curriculum Year Group** |  | |
| **UPN :** | | | | |
| **Preferred gender**  **identity** |  | **First Language** |  | |
| **Religion** |  | **Ethnicity** |  | |
| **Looked After status** | Currently Looked After  Yes : 🀉  No : 🀉  If yes is E-PEP complete : Yes : 🀉 No : 🀉  Date last reviewed : | | | Previously Looked After  Yes : 🀉  No : 🀉 |
| **Children Services status** | Child in Need  Yes : 🀉  No : 🀉 | Child Protection  Yes : 🀉  No : 🀉 | | EHA  Yes : 🀉  No : 🀉 |
| **Is this child known to the Education Welfare Team?** | | | | Yes : 🀉  No : 🀉 |
| Please tick if any of the following apply :   * STAR funding has been agreed : 🀉 Band : * an application for COSA has been started : 🀉 Date Started: * this young person has an EHCP : 🀉 Last review date : | | | | |
| **Section 2 : Parent/Carer details** | | | |  |
| Name of preferred contact at home |  | | |  |
| Mobile |  | | |  |
| Landline |  | | |  |
| Home address (include postcode) |  | | |  |
| E-mail address of Parent/Carer |  | | |  |

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| **Section 3 : School Information** | | | |
| **Key contact person in schoo**l (to whom EOTAS Monthly Reports will be sent) | | | |
| Name |  | | |
| Position |  | | |
| Telephone | Landline:  Mobile: | | |
| Email |  | | |
| **School Attendance Lead** (to whom EOTAS Monthly Register will be sent) | | | |
| Name |  | | |
| Position |  | | |
| Telephone | Landline:  Mobile | | |
| Email |  | | |
| Please provide the last ½ term’s % attendance |  | | |
| Date child was last in school : | | | |

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| **Section 4 : Academic information** | | | | |
| **English** | **Working towards** | **At expected**  **standard** | **Greater depth** | **KS2**  **SAT result / scaled score** |
| **KS1 - 3** |  |  |  |  |
| **KS4** | **English Lit** | **English Lang** |  | |
| Predicted GCSE grade |  |  |
| Last assessment grade |  |  |
| Date of assessment |  |  |
| Subject teacher |  | | | |
| E-mail contact |  | | | |

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| **Maths** | **Working towards** | **At expected standard** | **Greater depth** | **KS2**  **SAT result / scaled score** |
| **KS1 - 3** |  |  |  |  |
| **KS4** |  | | | |
| Predicted GCSE grade |  | | | |
| Last assessment grade |  | | | |
| Date of assessment |  | | | |
| Subject teacher |  | | | |
| E-mail contact |  | | | |

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| **Science** | **Working towards** | **At expected** | **Greater depth** | **KS2**  **SAT result / scaled score** |
| **KS1 - 3** |  |  |  |  |
| **KS4** | **Biology** | **Chemistry** | **Physics** | **Combined Science** |
| Predicted GCSE grade |  |  |  |  |
| Last assessment grade |  |  |  |  |
| Date of assessment |  |  |  |  |
| Subject teachers |  | | | |
| E-mail contact |  | | | |

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| **Section 5 : Evidence of support offered in school prior to EOTAS referral** | | | |
| **Support Offered:** | | **Evidence of Impact :** | |
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| **Where referrals are for mental health we expect to see evidence that school have worked with the young person/family prior to a request for EOTAS (health needs) support. In terms of a physical condition we acknowledge there may have been no opportunity for school to provide support.** | | | |

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| **Section 6 : Expected educational outcomes during EOTAS Health Needs involvement** | | | |
|  | **Action** | **Outcome** | **Timescale** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**We expect the school to provide us with at least three key educational outcomes linked to the pupil’s current progress and these will be reviewed with the schools regularly.**

**It is not necessary to state ‘return to school’ as this will always be one of the priorities we aim to achieve.**

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| **Section 7 : Health needs** |
| Please describe in detail how the child’s medical condition has been a barrier to this child attending school and/or making expected progress. Please include any other medical information that will be helpful. |

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| **Section 8 : Relevant family information** |
| Please provide us with all **relevant** information about the pupil’s family. This information will help us to provide the appropriate teaching provision. |

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| **Section 9 : Details of involvement from other agencies** | | | | |
| **Agency** | **Name of lead professional** | **Telephone / e-mail contact details** | **Report attached** (Please **✓** or **✗**) | **Date of last review meeting** |
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| **Section 10 : Safeguarding information** | | |
| Are there any additional safeguarding concerns :  YES : 🀉  NO : 🀉  Please outline any additional information which will ensure the child and our staff are kept safe | | |
| Is a risk assessment required prior to the service beginning to teach this young person? **Please remember we may be teaching them 1:1 in community venues**  Yes / No | Has the school ever completed a risk assessment for this pupil?  Yes / No  **If Yes the completed document MUST be attached before any teaching will commence.** | |

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| **Section 11 : Additional information** |
| **What strengths does the learner demonstrate?** |

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| **What hobbies, interests and aspirations does the learner have?** (e.g. membership of clubs, out of school interests, favourite subjects, career aims) |
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| **If the views of the young person have been sought prior to this referral being made please summarise below**. |
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**Information storage and information sharing**

**A.** I understand that the information that is recorded on this form will only be shared with relevant professionals within the EOTAS service :

* **I understand that EOTAS teaching will not begin until I sign and return the parent/carer agreement form to EOTAS (this will be sent out once the referral has been accepted)**

Parent / Carer :

|  |  |  |  |
| --- | --- | --- | --- |
| Signed : |  | Parent | |
| Carer | |
| Name : |  | Date : |  |

**B.**  Despite our efforts to get a parent/carer to sign the above, we have not managed to secure a signature but we feel that it is in the best interests of the young person to access provision from EOTAS and the family have been informed that the request is being made.

School representative :

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| Signed : |  | | |
| Job Title : |  | | |
| Name : |  | Date : |  |
| Date family notified of referral : | | Date : |  |

*In completing this form you are agreeing to the collection of this personal data by the Virtual School on behalf of Northumberland County Council. This data will not be shared with any external parties and will not be used for marketing purposes. The full EOTAS Health Needs privacy notice can be read on the NCC website* [*https://www.northumberland.gov.uk/About/Contact/Information.aspx*](https://www.northumberland.gov.uk/About/Contact/Information.aspx)

*If you have a freedom of information or subject access request please e-mail :* [*foi.children@northumberland.gov.uk*](mailto:foi.children@northumberland.gov.uk) *where your request will be dealt with centrally.*

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| **Please email the completed form to :** [**eotashealth@northumberland.gov.uk**](mailto:eotashealth@northumberland.gov.uk) |