**March 2019**

**Virtual School**

**EOTAS Referral Passport**

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| **Request for Virtual School Service** | |
| Please tick one box 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 without an appropriate supporting medical letter**

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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 : 🀉 | Previously looked  After  Yes : 🀉  No : 🀉 | | |
| **Children Services status** | Child in Need  Yes : 🀉  No : 🀉 | Child Protection  Yes : 🀉  No : 🀉 | | EHA  Yes : 🀉  No : 🀉 |
| Please tick if any of the following apply :   * STAR funding has been agreed : 🀉 * an application for an EHCP has been started : 🀉 * EHCP has been agreed : 🀉 | | | | |
| **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 |  |

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

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

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| **Science** | **Working towards** | **At expected** | **Greater depth** | **KS2**  **SAT result / Scale score** |
| **KS1 - 3** |  |  |  |  |
| **KS4** | **Biology** | **Chemistry** | **Physics** | **Combined Science** |
| Predicted GCSE grade |  |  |  |  |
| Last assessment grade |  |  |  |  |
| Date awarded |  |  |  |  |
| 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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| **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 outcomes linked to the pupils current progress and these will be reviewed with the schools regularly**

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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 |

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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/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**  Yes / No | Has the school ever completed a Risk Assessment for this pupil?  Yes / No  **If Yes the completed document must be attached** |

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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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**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 :

**☐** A Parent

**☐** A Carer

* **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 : |  | | |
| 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

School representative :

|  |  |  |  |
| --- | --- | --- | --- |
| Signed : |  | | |
| Job Title |  | | |
| Name : |  | 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) |