Medical Information/Evidence

## Southwark Alternative Provision Team

**Health Professionals details:**

Name and Job Tile:

Contact Information:

**Medical information:**

Clearly state the medical condition/diagnosis that affects the child’s ability to attend school:

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Symptoms and Severity: [ Describe the symptoms and their severity, formulation (where applicable), including how they impact child’s functioning and ability to attend school]

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If appropriate please share any identified push and pull factors: [A 'Push' factor 'pushes' the child or young person towards attending school. A 'Pull' factor 'pulls' the child or young person away from attending school]

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**Impact on education**:

Attendance: [Explain how the medical condition directly affects the child’s ability to attend school regularly and full time]

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Expected duration: [How long do you anticipate the pupil will not be able to attend school full time?] (Number of days/weeks estimated)

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**Recommendations for school attendance and return to school**.

Education hours: Can the child access 18 hours per week of education? Y/N

Reasonable adjustments/support/access arrangements in school: [Suggest specific adjustments or support school can provide?]

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**Alternative education provision**:

What type of provision AP delivery might be best suited consider health needs? this should be based on the child’s current health?

[examples are Virtual Online learning/ Face to face 1:1 tutoring at home/ Face to face 1:1 tutoring in a community setting/ Face to face 1:1 tutoring at school, small group e.g. registered alternative] provision setting

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**Health intervention and treatment plan**

Describe the current treatment plan for the child, including any medication, therapies, treatment length and any fixed treatment days

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What arrangements are in place for treatment reviews?

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