Health recommendations to supplement applications for alternative provision 2025- 2026

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This form is to support an application for Alternative Provision (AP) under section 19 of the Education Act 1996 for pupils unable to attend school due to medical needs.

Alternative Provision is an important temporary arrangement and not a long-term substitute for the pupils planned educational placement.

Further details on alternative provision can be found here: <https://localoffer.southwark.gov.uk/education/alternative-provision-education-other-than-school>

Please be aware:

* Your input helps the school, local authority and families to understand the pupils’ medical needs and how these impact school attendance
* Before recommending time away from school under section 19, please consider whether reasonable adjustments or support within the specific school environment have been explored, exhausted and it is evident that the pupil cannot attend school at this time
* A clear planned return to school is expected. Reintegration will happen at the earliest appropriate time balancing the pupils’ medical needs, their broader needs including any SEND with their right to access full time education.

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| **Childs Name and Date of Birth:** |

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| **Health Professionals details and recommendation:** | |
| Name and Job Tile: | |
| Contact Information: | |
| Do you confirm, based on your professional opinion, that this pupil is currently unable to access full time education in a school setting due to their health needs? (Please highlight) | |
| Yes | No |
| If no, please provide details or recommendations regarding part time attendance at school | |
| Based on your clinical opinion, how long do you expect the pupil will be unable to access full -time education in a school setting? | (Number of days/weeks estimated) |
| Date completed: | |

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| **Health 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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| **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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| **Impact on education**: | |
| Attendance: Explain how the medical condition directly affects the child’s ability to attend school regularly and full time | |
| Learning: How does the child’s health needs affect their capacity to engage in learning activities? (Please use space below and/or tick boxes) | |
| mobility restrictions |  |
| immune suppression, risk of injury |  |
| medical treatment, therapies, recovery time |  |
| pain management |  |
| capacity to manage classroom demands |  |
| attention and concentration, |  |
| peer relationships, |  |
| transitions around school |  |
| fatigue |  |
| emotional dysregulation |  |
| sensory needs sensory overload |  |
| **What would a suitable education setting look like at this time** (for instance, whether the pupil might benefit from, low-stimulus environment, smaller group size, flexible/individualised timetable, access to classrooms on lower floors, named person, medical room etc) | |

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| **Alternative education provision**: | |
| Considering the child’s health need the child can currently best engage in | |
| 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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| **Preparing for a future return to school** |
| Section 19 provision is approved for a time-limited period (typically 8 weeks or less with review at 6 weeks) To support proactive planning and reduce delays when the pupil is ready to reintegrate, **please provide any clinical indicators or health milestones that may suggest the child is approaching readiness for education whether full time, part -time or with adjustments** |
| **Reasonable adjustments that may support a return to school** (Suggest specific adjustments or support school can provide?) |