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| **Oswaldtwistle School Medical Intervention contact details** | | |
|  | **Role** | **Email and telephone number** |
| **School** | **Reception** | [**adminoss@oswaldtwistle.org**](mailto:admin.oss@oswaldtwistle.org)  **01254 231553** |
| **Amanda Corns** | **DSL / Admission Lead** | [**Amanda.corns@oswaldtwistle.org**](mailto:Amanda.corns@oswaldtwistle.org)  **ext no 206** |
| **Anona Summerscales** | **Medical Unit Co-ordinator / Wellbeing and Mental Health Lead** | [**anona.summerscales@oswaldtwistle.org**](mailto:anona.summerscales@oswaldtwistle.org)  **07970765531** |

**Confidential**

**Medical Intervention Information Request**

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| **Pupil Name** | **Preferred Name** | **Gender** | **DOB** | **Year Group** | **Date of referral** |
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| **Pupil ULN** |  | | **Pupil UPN** |  | |

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|  | **Information checklist** | **No** | **N/A** |
| **1** | **School contact details** |  |  |
| **2** | **Parent/carer contact details** |  |  |
| **3** | **Pupil information** |  |  |
| **4** | **Academic information** |  |  |
| **5** | **Behaviour checklist** |  |  |
| **6** | **Reasons for the referral** |  |  |
| **7** | **Medical information** |  |  |
| **8** | **Risk Assessments (please attach if Yes)** |  |  |
| **9** | **CP concerns (if Yes, please contact our DSL Amanda Corns)** |  |  |

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| 1. **School contact details** | |
| **Name of referring school** |  |
| **Staff name / telephone number / email address** |  |

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| 1. **Parent/Carer contact details** | |
| **Contact 1**  **Name and relationship**  **Telephone number and email address** |  |
| **Contact 2**  **Name and relationship**  **Telephone number and email address** |  |

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| 1. **Pupil Information** | | | | | |
| **% attendance for the academic year** |  | | | | |
| **Pupil Premium** |  | **No** | **FSM** | **Yes** | **No** |
| **Consent for photographs** | **Yes** | **No** |  | | |
| **Outside agencies involved**  **with the pupil:** | **Yes** | **No** | **Details** | | |
| **SEND information** | **Yes** | **No** | **Details** | | |
| **Risk Assessments undertaken** | **Yes** | **No** | **Details** | | |
| **Will your pupil be able to access your school’s on-line learning?** | | | | **Yes** | **No** |

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| 1. **Academic Information** | | | | | | |
| **For KS3 pupils** | **Working below expected KS3 level** | **Working towards**  **expected KS3 level** | **Working on or above expected KS3 level** | **For KS4 pupils** | **Target**  **grade** | **Current grade** |
| **English** |  |  |  | **English** |  |  |
| **Maths** |  |  |  | **Maths** |  |  |
| **Science** |  |  |  | **Science** |  |  |
| **Humanities** |  |  |  | **Humanities** |  |  |
| **PD** |  |  |  | **PD** |  |  |
| **PE** |  |  |  | **French** |  |  |
| **Technology** |  |  |  | **art** |  |  |
| **Art** |  |  |  | **history** |  |  |
| **Other** |  |  |  | **Other** |  |  |

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| 1. **Behaviour Checklist** | | | | | | | |
| **Activity** | **Used** | **Not used** | **Effectiveness score**  **1=little or no impact 5=some impact** | | | | |
| **Daily report to senior teacher** |  |  |  |  |  |  |  |
| **Seating plan in class** |  |  |  |  |  |  |  |
| **Time-out cards** |  |  |  |  |  |  |  |
| **In-school respite area** | \* |  | **1** | **2** | **3** | **4** | **5** |
| **1-1 in-class support with a TA** |  | \* | **1** | **2** | **3** | **4** | **5** |
| **Adjustments to timetable** | \* |  | **1** | **2** | **3** | **4** | **5** |
| **Alternative subject setting** | \* |  | **1** | **2** | **3** | **4** | **5** |
| **Meeting with parents/carers** | \* |  | **1** | **2** | **3** | **4** | **5** |
| **Staff mentoring** | \* |  | **1** | **2** | **3** | **4** | **5** |
| **In class monitoring by SENCO** |  | \* | **1** | **2** | **3** | **4** | **5** |
| **After school detentions/catch up sessions** |  | \* | **1** | **2** | **3** | **4** | **5** |
| **Time-on- Task observations** |  | \* | **1** | **2** | **3** | **4** | **5** |
| **Fixed term exclusions** |  | \* | **1** | **2** | **3** | **4** | **5** |

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| **6. Reasons for the Referral** |
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| **7. Medical Information** | | |
| **At an Induction meeting with school staff, a detailed information questionnaire will be completed by both pupil and their parent /carer.** | | |
| **Agencies currently involved with your pupil and contact phone numbers and email addresses** | | |
| **Agency** | **Contact name** | **Contact details** |
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| **8. Risk Assessments** |
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**Oswaldtwistle School, Union Road, Oswaldtwistle, Accrington BB5 3DA**

[**https://www.oswaldtwistle.org**](https://www.oswaldtwistle.org/)