**Section 19 referral - What you need to complete the form**

**You will need to provide specific information to make a Section 19 Education Access referral.**

**We recommend gathering the information before you start or have access to staff who can provide it.**

**Note that the list is not exhaustive. Additional information may be required due to the child or young person’s circumstances.**

Pupil information

• Personal information - name, date of birth etc.

• Graduated Response documentation

• Special educational needs information

• Social care involvement and contact information

• Risks and associated risk assessment documentation

Educational record

• Core educational attainment, progress and attitude to learning

• Pupil’s strengths and areas of development

• Attendance breakdown

• Exclusions overview (suspension and permanent)

• Presenting needs leading to referral

• Agency involvement and contact

Current educational provision

• Barriers to education

• Reasonable adjustments and support implemented

• Assessments completed

• Remote education and ability to learn independently

• Parental and pupil views on education

• Alternative provision and outreach information

Medical conditions

• Medical needs overview

• Supporting medical documentation

• Medical needs policy

Parent / Guardian information

• Contact details

|  |  |
| --- | --- |
| *Referrer Details* |  |
| Fill name of referrer |  |
| Referrer role |  |
| School Name |  |
| School Address |  |
| Referrer contact Number |  |
| Referrer email address |  |
| Relationship with YP |  |

|  |  |
| --- | --- |
| Young persons details |  |
| Legal Name |  |
| Legal Surname |  |
| Preferred Name |  |
| Date of Birth |  |
| Sex |  |
| Preferred Pronoun |  |
| Home Address |  |
| Year Group |  |
| Start date at your school |  |
| Ethnicity |  |
| EHCP OR Under Assessment |  |
| Date of EHCP or Review |  |
| Looked after/Previous Looked After child |  |
| Type of Sen Support |  |
| Child Protection Plan |  |
| Child in Need Plan |  |

|  |  |
| --- | --- |
| Disability | Yes/No |
| Provide Details of disability |  |

|  |  |
| --- | --- |
| Education Record | Complete all parts |
| Pupil’s strengths and areas of development? |  |
| Core educational attainment, progress and attitude to learning. |  |
| Presenting needs leading to referral? |  |
| Exclusions overview (suspension and permanent)? |  |
| Barriers to learning? |  |
| Alternative provision and outreach information? |  |
| Reasonable adjustments and support implemented? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other Agency Involvement |  |  |  |
| Name | **Agency/Role** | **Contact Details** | **Duration**  | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Attendance in School |  |
| % for this term (last 6 weeks) |  |
| % for this Academic year |  |
| % Previous Academic Year |  |
| Attends on part time timetable. Hours/Days |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Action schools expected to have been taken prior to referral - Indication required | Yes/No | Impact Made | Document attached? Y/N |
| Educational Psychologist involvement |  |  |  |
| School Nursing Service |  |  |  |
| Referral to CAMHS |  |  |  |
| Bespoke referral? (MTHRIVE, 42nd st Etc) |  |  |  |
| Early Help Assessment |  |  |  |
| Referred to Early Help |  |  |  |
| Referred to social care |  |  |  |
| Completed a plan of support  |  |  |  |
| Held Multi Agncy meetings? |  |  |  |
| Regular Home Visits |  |  |  |
| Key Adult assigned |  |  |  |
| Developed/Reviewed PT Timetable |  |  |  |
| Completed a Risk Assessment |  |  |  |
| Arranged training for staff to understand YP medical condition |  |  |  |

|  |  |
| --- | --- |
| Medical professional details & Overview |  |
| Referrer role |  |
| Name |  |
| Company Name |  |
| Referrer contact Number |  |
| Referrer email address |  |
| Date of completion |  |
| Diagnosis/Medical Condition |  |
| Date Diagnosis/Medical Condition started |  |
| How does the Diagnosis/Medical Condition prevent YP from attending school? |  |

|  |  |  |
| --- | --- | --- |
| Parent/Carer Details |  |  |
| Name |  |  |
| Address |  |  |
| Contact Number |  |  |
| Email address |  |  |
| Relationship to YP |  |  |
| Views of parent/carer? |  |
| Views of Young person |  |
| Parent consents to data being shared with Section 19 panel & other professionals | **Yes/No** |
| Young person consents to data being shared with Section 19 panel & other professionals |  |

**I understand that the information I submit may be shared with other professionals working in education, health or social care as part of the process to determine any necessary Section 19 package of support.**

|  |  |
| --- | --- |
| Parent/carer signature |  |
| Name | Sign |

# Section 19 Panel Decision Process

Below outlines the steps that follow a Section 19 panel decision. It is intended to support staff and parents in understanding the process and what to expect.

1. Notification of Outcome

The school are informed of the panel’s decision. If approved, the local authority begins arranging suitable education. If not approved, feedback is provided for further action.

2. Named Officer Assignment

A named officer from School Admissions is assigned to coordinate the case and liaise with the school, family, and professionals.

3. Planning the Provision

The local authority collaborates with the school and family to determine the type, format, and schedule of education to be provided, such as hospital school tuition, home learning, provision or outreach.

4. Implementation of Support

Education provision should begin as soon as reasonably possible, ideally within 15 working days of the decision.

5. Monitoring and Review

The provision is regularly reviewed to ensure it remains appropriate. This includes tracking progress, updating health information, and holding multi-agency meetings.

6. Reintegration Planning (if applicable)

This may involve a phased return to school, support from a key adult, and continued adjustments.

The expectation is that all pupils will be reintegrated into their home school. Progress towards this will be discussed at reviews. Where reintegration to school is the objective, staff from the local authority, the provision, health and the school will work together with the family to assess when the child is ready to return to school and to assist reintegration.

The aim is that all children will be reintegrated with 6-12 weeks. Section19 is an intervention and will not be agreed as a long-term destination

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