**Checklist for supporting students with Meical Needs under Section 19**

**Name of Student: School:**

**Date: Student has been absent for ------- days**

**Reasons for Adjustments to mainstream Timetable:**

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Y/N** | **Outcomes** |
|  |  |  |
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|  |  |  |
|  |  |  |

**Details of intervention provided to pupil.**

**Tier 1 Universal Support – Date of first Plan:**

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Y/N** | **Outcomes** |
| **Meeting with family** |  |  |
| **Medical Information request** |  |  |
| **IHCP implemented** |  |  |
| **Named DMO** |  |  |
| **Risk assessment** |  |  |
| **Reasonable adjustment** |  | **Details:** |
| **Reference to EBSA toolkit** |  |  |
| **Review** |  | **Date:** |

**Tier 2 Targeted Support – Date of Plan:**

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Y/N** | **Outcomes** |
| **Pupil Voice** |  |  |
| **SEND Screening** |  | **Details:** |
| **Input from medical professionals** |  |  |
| **Changes to school environment** |  | **Details:** |
| **IHCP** |  |  |
| **Reasonable adjustment** |  | **Details:** |
| **Adult Support/Mentor** |  |  |
| **Small group interventions** |  | **Details:** |
| **EHA** |  |  |
| **Review** |  | **Date:** |

**Tier 3 Specialist Support – Date of Plan:**

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Y/N** | **Outcomes** |
| **Exploring medical information** |  |  |
| **Specialist Training** |  |  |
| **Specialist Equipment** |  |  |
| **Temporary Part time timetables** |  |  |
| **In school AP Unit** |  |  |
| **Referral to CAMH** |  |  |
| **Advice from EIO** |  |  |
| **1:1 Interventions** |  | **Details:** |
| **Outreach from school** |  |  |
| **Review (inc medical professionals)** |  | **Date:** |

**Tier 4 Alternative Provision- Date of Plan:**

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Y/N** | **Outcomes** |
| **Discussion with EIO** |  |  |
| **IAEP completed with family** |  |  |
| **External Alternative Provision put in place** |  |  |
| **Safe and well checks completed** |  |  |
| **Reintegration plan in place** |  |  |
| **Review (6 weekly minimum)** |  |  |

**Please note schools should keep robust records of types of intervention and their effectiveness. Parent/Carer and student should be involved at each review and student voice must be captured and responded to.**

**Please contact your Education Inclusion Officer for further help and guidance.**