**Nottingham City Council**

**Education Section 19 Referral to the Complex Case Panel [Interim Sept 2024]**

Please use this form to notify the Council when a child aged 5 to 16 is likely to be, or has been, absent from school due to their physical or mental health needs for 15 days or more. This can either be 15 consecutive days or 15 days throughout the academic year.

Please note: Referrals submitted with incomplete forms and/or missing evidence are unlikely to be accepted.

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| **Key Details for Child, Parent/Carer and Referrer.** | |
| Child’s first name(s) |  |
| Child’s surname |  |
| Child’s date of birth |  |
| Child’s year group |  |
| Child’s UPN |  |
| Child’s address |  |
| Child’s ethnicity |  |

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| Parent/Carer’s full name(s) |  |
| Parent/Carer’s phone/email contact details |  |
| Has this referral been discussed with the parent/carer? |  |

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| School’s full name |  |
| Child’s enrolment date at current school |  |
| Referrer’s full name, job title and contact details |  |
| Date of S19 referral submission |  |

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| **Brief overview of the reason for referral.** |
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| **What is the child’s view of their barriers to attendance?** |
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| **What is the parent/carer’s view of their child’s barriers to attendance?** |
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| **Please indicate if the child has special educational needs using the DfE codes below:** | |
| N No special educational needs |  |
| K SEN Support |  |
| K SEN Support Request for EHC Assessment submitted |  |
| E Education Health and Care Plan |  |

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| **If the child has special educational needs, please indicate which DfE categories below. Please select all that apply:** | |
| ASD Autistic Spectrum Disorder |  |
| SLCN Speech, Language or Communication Difficulty |  |
| SPLD Specific Learning Difficulty (e.g. Dyslexia) |  |
| MLD Moderate Learning Difficulty |  |
| SLD Severe Learning Difficulty |  |
| PMLD Profound & Multiple Learning Difficulty |  |
| HI Hearing Impairment |  |
| VI Visual Impairment |  |
| MSI Multi-Sensory Impairment |  |
| OTH Other Difficulty/Disability (including medical) |  |
| PD Physical Disability |  |
| SEMH Social, Emotional & Mental Health Difficulties |  |

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| **If the child has an EHCP, please identify if any aspect of the provision specified in parts F, G and H is not currently in place, and why.** |
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| **Please specify if the child has any medical diagnoses (excluding mental health diagnoses) that you are aware of.** |
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| **Please specify if the child has a mental health diagnosis that you are aware of.** |
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| **Have you observed anything in the child’s presentations that indicate there may be a mental health concern?** |
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| **Safeguarding Information - please select all that apply** | |
| Looked After by/In Care to Nottingham City Council |  |
| Looked After by/In Care to another Local Authority |  |
| Current or previous MARF |  |
| Safeguarding risk assessment |  |
| Child in Need |  |
| Child Protection Plan |  |
| Open to Targeted Family Support |  |
| Open to Early Help |  |
| CCE/CSE |  |
| Open to Youth Justice |  |
| Substance use |  |
| Other |  |

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| **If any of the above have been selected, please give a brief overview, including relevant dates.** |
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| **Please indicate which tools you have used to assess the child’s barriers to attendance (e.g. ATTEND framework).** |
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| **Please indicate, based on your understanding of the child’s needs, what you think the 3 main barriers to the child’s attendance are?** |
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| **Based on these barriers, please indicate which interventions and reasonable adjustments you have put in place to support the child/family.** |
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| **Please provide the full name, job title and contact details for all support service professionals, including therapists, who have been actively involved.** |
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| **Essential Supporting Evidence - please attach to the email with this referral form** | |
| Intervention plan/attendance improvement plan and evidence of how the above reasonable adjustments have been developed |  |
| Attendance certificates for the current academic year and for the previous academic year |  |

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| **Additional Supporting Evidence - please list and attach to the email with this referral form**  ***(for example, EHCP, Risk Assessment, Early Help Referral, Formal Diagnoses, Communication or Behaviour Logs, etc)*** | |
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