# **Medical Needs Service Initial Planning and Review record**

This form is in two parts. ***Please see*** [***NCC Medical Needs Policy***](https://www.schools.norfolk.gov.uk/pupil-needs/health-needs/medical-needs-service) ***for guidance on completing this form.***

**Part A** should be completed during the Initial Planning Meeting which takes place prior to Medical Needs Service provision commencing.

**Part B** should be completed/updated **at each review stage** (typically every 6 weeks).

| **Pupil name** | |  | | **School** | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A – Initial Planning Meeting** | | | | | | | |
| **Pupil details** | | *DOB* | |  | | | |
| *Year group/Tutor group* | |  | | | |
| *Main school contact (name/email/phone)* | |  | | | |
| *School DSL (name/email/phone)* | |  | | | |
| **Meeting details** | | *Date/time of meeting* | |  | | | |
| *Location of meeting* | |  | | | |
| *Attendees (with contact details if not on main referral form)* | |  | | | |
| **Health needs in relation to education**  *Please discuss and add notes for each point* | | | | | | | |
| *Summary of current health advice in relation to education (and who provided it)* | | | |  | | | |
| *Any specific health guidance that a colleague supporting the pupil should be aware of?* | | | |  | | | |
| *Does health advice indicate young person can manage partial attendance at school or learning in a different setting? Please describe.* | | | |  | | | |
| **Learning support whilst open to the Medical Needs Service**  *Please discuss and add notes for each action point* | | | | | | | |
| *Who will be setting work at school?* | | | |  | | | |
| *Who will be the key point of contact at school for any learning related queries?* | | | |  | | | |
| *Which school colleague will monitor that work is completed?* | | | |  | | | |
| *How will work from school be collected and returned?* | | | |  | | | |
| *If the pupil has any Special Educational Needs/Disabilities (SEND) confirm how learning will be differentiated/specific strategies needed* | | | |  | | | |
| *Who is the point of contact at school for pastoral care/information about other opportunities available at school for the pupil?* | | | |  | | | |
| *When was the school last in direct contact with the pupil?* | | | |  | | | |
| *Which school colleague will be contacting the pupil? Please detail how often this is planned (add to the timetable in this document)* | | | |  | | | |
| *Describe opportunities for the pupil to maintain contact with their peers at school (may include organised school trips, visits at break/lunchtimes/after school etc.)* | | | |  | | | |
| *Does this package include HLSA support?* | | | |  | | | |
| *Does the parent/carer understand that it is their responsibility to ensure that the pupil is ready to learn (i.e., dressed, prepared) for each planned session?* | | | |  | | | |
| *Have expectations for pupil behaviour and adult support in the home setting been clarified and agreed. Please describe.* | | | |  | | | |
| *Does the pupil understand that if there is repeated non-engagement with or cancellation of HLSA sessions, this package may be withdrawn?* | | | |  | | | |
| *Date of 1st HLSA session* | | | |  | | | |
| *Date of 6-week review meeting (this* ***must*** *be booked during the initial meeting)* | | | |  | | | |
| *Date 12 weeks from 1st session (planned end date)* | | | |  | | | |
| *Confirm how the family should contact the HLSA if necessary.* | | | |  | | | |
| ***Online Learning*** *subjects and levels requested (provide detail)* | | | |  | | | |
| *If Online Learning is part of the package, discuss support available from the relevant organisation via training sessions and follow up calls (for family and school team). Provide contact details for the Online Learning company* | | | |  | | | |
| *Which school colleague will be carrying out weekly checks on online learning?* | | | |  | | | |
| *Does the pupil understand that if online learning is not completed after a 3-week period, the offer may be withdrawn?* | | | |  | | | |
| *Would the pupil benefit from off-site provision in an AP setting (such as a vocational opportunity, or care farm)? If so, which type?* | | | |  | | | |
| *Which school colleague is going to look into possible alternative provision?* | | | |  | | | |
| *If already in place, which AP setting is to be attended?* | | | |  | | | |
| *Has the school ensured appropriate AP setting checks using the NCC templates?[[1]](#footnote-1)* | | | |  | | | |
| *Is an AV1 robot to be used? If so, describe who the key school contact will be for this, when it is to be delivered to school.* | | | |  | | | |
| **Transition**  *For Y2, Y6 and Y11 pupils only, how are transition planning and access arrangements for tests and exams being addressed?* | | | |  | | | |
| ***Please confirm using the table below how learning will be structured including: contact with school, online learning subjects and/or HLSA support and/or time in the school setting/off-site etc.*** | | | | | | | |
| **Timetable Plan** | | | | | | | |
|  | **Monday** | | **Tuesday** | **Wednesday** | **Thursday** | | **Friday** |
| **AM** |  | |  |  |  | |  |
| **PM** |  | |  |  |  | |  |
| **Part A Signatures – this section[[2]](#footnote-2) must be completed by all attendees and the pupil if age-appropriate. Signatures may be electronic, but an email record should be kept.** | | | | | | | |
| **Name/role** | | | **Signature** | | **date** | | |
| Parent carer | | |  | |  | | |
| Pupil | | |  | |  | | |
| Medical Needs Coordinator | | |  | |  | | |
| School representative | | |  | |  | | |
| Other (e.g., commissioned provider) | | |  | |  | | |
| **On completing Part A, please send a copy to** [medicalneeds@norfolk.gov.uk](mailto:medicalneeds@norfolk.gov.uk) | | | | | | | |
| **PART B – Review & Reintegration Meeting** | | | | | | | |
| **Meeting details** | | Date & location of meeting(s) | |  | | | |
| Attendees | |  | | | |
| **Learning support whilst open to the Medical Needs Service.**  *Please discuss and add notes for each point.* | | | | | | | |
| *How is the current provision working? Are there any proposed amendments?*  *Update the timetable in Part A, using a different colour to show changes* | | | |  | | | |
| *Would the young person benefit from a reintegration programme for return to school, HLSA session moved to school and/or consideration of* [*Alternative Provision*](https://www.norfolk.gov.uk/children-and-families/send-local-offer/education-and-training-0-25/schools/specialist-education/unregulated-alternative-provision) *alongside MNS?* | | | |  | | | |
| *Are there any updates or changed guidance from health professionals that need to be considered?* | | | |  | | | |
| *How many HLSA sessions accessed (out of how many) and length of sessions accessed* | | | |  | | | |
| *Any issues with engagement? Does further advice from health need to be sought?* | | | |  | | | |
| *Note access to Online Learning and amount of work submitted. Is further support from the Online Learning company required?* | | | |  | | | |
| *Any other relevant updates?* | | | |  | | | |
| ***Date/time/location of next review (must be booked at this meeting)*** | | | |  | | | |
| ***Current end date of Medical Needs provision*** | | | |  | | | |
| If it appears likely that the young person may continue to be unwell and require further Medical Needs provision, please advise the family that they will need to seek **updated health guidance** closer to the agreed end date and that this needs to be from a health professional who has physically **seen** the young person recently.  If the young person is under the care of a **specialist service (e.g., CAMHS, diabetes etc.), guidance should be from this service and not the GP**. The Medical Needs Service is able to receive guidance for continuations via telephone and/or email if this is easier for the health professional(s) and can be contacted on: [medicalneeds@norfolk.gov.uk](mailto:medicalneeds@norfolk.gov.uk) 01603 223609. | | | | | | | |
| **Please embed any relevant attachments here or state if sent by email:** | | | | | | | |
| **Part B Signatures – this section[[3]](#footnote-3) must be completed by all attendees and the pupil if age-appropriate. Signatures may be electronic, but an email record should be kept.** | | | | | | | |
| **Name/role** | | | **Signature** | | **date** | | |
| Parent carer | | |  | |  | | |
| Pupil | | |  | |  | | |
| Medical Needs Coordinator | | |  | |  | | |
| School representative | | |  | |  | | |
| Other (e.g., commissioned provider) | | |  | |  | | |
| **On updating Part B, please send a copy to** [medicalneeds@norfolk.gov.uk](mailto:medicalneeds@norfolk.gov.uk) | | | | | | | |

1. [Unregulated alternative provision templates - Schools (norfolk.gov.uk)](https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/unregulated-alternative-provision-templates) [↑](#footnote-ref-1)
2. Rows may be added [↑](#footnote-ref-2)
3. Rows may be added as appropriate [↑](#footnote-ref-3)