**VPP - Eligibility Checklist**

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| **Pupil:** |  | **DoB** |  | **Year Group** |  |

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| **Application Support Documentation** | | **E / D** | **ü / û** | **Attached ü / û** |
| Application form fully completed | | **E** |  |  |
| Early Help Referral considered | | **D** |  |  |
| Social Care Support/Involvement | |  |  |  |
| Most recent school report academic data (including targets and progress) | | **E** |  |  |
| SEMH – Evidence indicates that school have considered SEN Ranges | | **E** |  |  |
| Internal / External Behaviour or Learner Support Plans | | **D** |  |  |
| Pastoral Support or Behaviour Plan attached | | **D** |  |  |
| Risk Assessment | | **D** |  |  |
| Internal/Suspension Record | | **E** |  |  |
| SEN Support Plan applicable | | **E** |  |  |
| Education Psychologist Support | | **D** |  |  |
| Attendance Certificate | | **E** |  |  |
| **If relevant;** | | | | |
| Mental Health Agency Support | | **D/E** |  |  |
| Medical / Consultant Support | | **D/E** |  |  |
| Autism & Outreach Team Support | | **D** |  |  |
| Speech and Language Therapy | | **D** |  |  |
| Language and Learning Partnership | | **D** |  |  |
| Learning Disability Team Support | | **D** |  |  |
| Youth Offending Services | | **D** |  |  |
| Youth Drug & Alcohol Project | | **D** |  |  |
| **Other** | |  |  |  |
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| **Does this pupil meet the criteria for referral to Vulnerable Pupils Panel?** | | **E** |  |  |
| **Provision allocated:** |  | | | |

**Application to Vulnerable Pupils Panel for Hub or Alternative Provision Placement**

N.B. A referral for Hospital Tuition should be completed on a separate Hospital Tuition form. See [Hospital-Tuition-Form-VPP](https://www.togetherforchildren.org.uk/media/25480/Hospital-Tuition-Form-VPP/doc/Hospital_Tuition_Form_VPP.docx?m=637840826236600000)

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| **Type of Provision Required** | |
| **Preferred alternative provision requested** | **Hub (Assessment)**  **Beacon of Light Placement**  **Foundation of Light – Primary Intervention Programme**  **KS1 Link School Placement**  **KS2 Link School Placement**  **KS3 Link School Placement**  **KS4 Link School Placement**  **Consilium Evolve (Returners)**  **Home Tuition**  **Young Mums Tuition**  **Hopespring** (N.B.additional information may need to be supplied)  **Team EBRC** |

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| **School Information** | | | | |
| **School name** |  | | | |
| **School address** |  | | | |
| **Name of referrer or SPOC** |  | **Position of referrer or SPOC** | |  |
| **Telephone no.** |  | **Email:** |  | |

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| **Pupil information** | | | | | | | | | | | | | | | | | | | | |
| **Full Legal Name** | | |  | | | | | | | | | | | | | | | | | |
| **Preferred Name** | | |  | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | |  | | | | | **Year Group** | | | |  | | | | **Age** | | | |  |
| **Gender** |  | **UPN** | |  | | | | | | | | | | **ULN** |  | | | | | |
| **FSM** |  | **CP/CIN** | | |  | | **Cared for Children** | | | **Yes**   **No** | | | | | | | **G&T** | |  | |
| **Pupil Premium Grant** | | | **Is the pupil in receipt of Pupil Premium Grant?**  **Yes**  **No** | | | | | | | | | | | | | | | | | |
| **Cared for Children only:** | | | | | | | | | | | | | | | | | | | | |
| **What Section is the child under?** | | |  | | | | | **Placement Details** | | | | | Foster home?  Children’s home?  Placed with extended family  With parent(s) but Cared for Children  Other (state) | | | | | | | |
| **Please state the name of the Local Authority with responsibility for caring for the child** | | | | | | | |  | | | | | | | | | | | | |
| **School’s Designated Person for Safeguarding** | | | | | | | | **School’s Safeguarding Contact Tel No.** | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |
| **Pupil’s Ethnicity:** | | |  | | | | | **Pupil’s Religion:** | | | | |  | | | | | | | |
| **First Language Spoken** | | |  | | | **Traveller Pupil** | | | **Yes**   **No** | | **Immigration Status (if applicable)** | | | | | | |  | | |

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| **Pupil’s home details** | |
| Main home address: | Who does pupil live with at this address: |
| Postcode: |
| Other home address *(if applicable)*: | Who does pupil live with at this address: |
| Postcode: | When this address applies: |

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| Details of parents and carers | | | | |
| Please provide full details of all parents / carers in order of priority for contacting. | | | | |
|  | 1st | 2nd | 3rd | 4th |
| Name |  |  |  |  |
| Relationship to pupil |  |  |  |  |
| Does this person have PR/Shared PR? |  |  |  |  |
| Address |  |  |  |  |
| Home phone |  |  |  |  |
| Mobile phone |  |  |  |  |
| Work phone |  |  |  |  |
| Place of work *(if applicable)* |  |  |  |  |
| Usual work hours |  |  |  |  |
| Email address |  |  |  |  |
| First language |  |  |  |  |

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| **Parent/Carer Consent given** | **Yes  No** |

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| **Attendance %** | | | |
| **Current Attendance** | **Current Authorised Absence** | **Current Unauthorised Absence** | **Previous Years Attendance** |
|  |  |  |  |
| **How many hours is the pupil currently attending school?** | | |  |

**N.B. Attendance Certificates must be attached for Home Tuition and Young Mums Tuition applications**

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| **Non – Attendance Strategies** |
| *Describe the strategies that the school has used to remove the barriers to non-attendance. (including strategies for those children with anxiety based difficulties)* |

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| **Family and Environmental Factors** |
| *i.e., Family history, well-being, wider-family network, housing, employment and financial considerations, social and community involvement.* |

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| **Reason for application** |
| Outline the reason for the referral to VPP *(please explain why this pupil has been referred, why the pupil is requiring an alternative provision, what impact the pupil is currently having on his/her own education and that of others – N.B. behaviours displayed can be detailed in the Brief Synopsis of Behaviours Section:* |

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| **Expected Outcome** |
| *Explain what you are hoping the alternative provision will achieve. Please ensure the outcome is specific, measurable, achievable, realistic and timely.  Include plans for reintegrating back into school, including, where applicable, Multi-Agency reviews, SENd reviews, EHCP reviews, medical advice.* |

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| **Brief synopsis of Behaviours** |
| **Provide an overall summary of the behaviours displayed*:*** *(please include details of the types of behaviours displayed, when and how often such behaviours are happening, triggers for the described behaviour). This should include the behaviours that have led to non-attendance (e.g. anxiety) and that this is reflected in the SEND (SEMH for anxiety) ranges.* |
| **Please indicate the behaviours the pupil is currently displaying in relation to level of frequency. behaviours and the frequency** *(i.e., 1 = Rarely (once a term), 2 = Occasionally (once a month),  3 =Often (once a week) and 4 = Frequently (daily)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Behaviour** | **Freq**  **1,2,3,4** | **Behaviour** | **Freq 1, 2, 3, 4** | **Behaviour** | **Freq 1, 2, 3, 4** | | Disruption | Choose an item. | Absconding / Absenting | Choose an item. | Discriminatory behaviour | Choose an item. | | | Vandalism | Choose an item. | Substance / alcohol misuse | Choose an item. | Inappropriate Sexual behaviour | Choose an item. | | | Bullying | Choose an item. | Threats & invective | Choose an item. | Medically related behaviour | Choose an item. | | | Fighting | Choose an item. | Impulsive dangerous behaviour | Choose an item. | Withdrawal | Choose an item. | | | Violence & physical Aggression | Choose an item. | Verbal abuse | Choose an item. | Self-harm | Choose an item. | | | Inappropriate attitude to staff | Choose an item. | Inappropriate attitude to peers | Choose an item. | Racist abuse | Choose an item. | | | Defiance | Choose an item. |  | Choose an item. | **Other** (please specify below) | Choose an item. | |   **Other** (please include any other additional behaviours displayed) |

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| **SEMH Strategies Implemented by School:** *(provide an overview of the strategies used to promote positive behaviours and the impact of such strategies – This can be taken from a pupil’s SEN/Behaviour/Pastoral support plan and must include how external advice has been used to support the pupil’s needs). This should include those who are not attending due to anxiety (SEMH SEND Ranges).* | | | |
| **Strategy** | **Range** | **Impact** (detail both positive and negative impacts) |
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| **Risk Assessment** | | | |
| **Is the pupil a potential risk to adults, peers, property or other risk?** Yes  No    **If yes, it is mandatory that a most recent risk assessment is attached to the application.**  **For Home Tuition please provide any information about risks associated with the home environment** | | | |

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| **Suspensions** |
| **Please provide a summary of the number of suspensions the pupil has received including the reason each academic year** (a suspension report providing further details should be included as supporting documentation). |

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| **Additional Support - Special education needs and disability / Pastoral / Behaviour** |
| **Is the pupil recorded as receiving SEN support?**  Yes  No  **If yes**, **please identify the pupil’s primary SEN need and the SEN Range that the child is operating?**  **SEN Range**  Communication & interaction  Range Choose an item.  Cognition and learning Range Choose an item.  Social, emotional and mental Health RangeChoose an item.  Sensory and/or physical needs Range Choose an item. |
| **MANDATORY IF CHILD NOT RECEIVING SEN SUPPORT Please explain why the school has not considered providing SEN support** |
| **Education, Health and Care Plan (EHC)** |
| **Does the pupil have an EHCP? Yes  No**  **If not, has a request for an EHC plan been submitted? Yes  No  N/A**  **If yes, please enter the date of the Assessment Planning Meeting or date EHC plan was submitted**  **Has the EHC needs assessment been accepted by the Panel? Yes  No** |

| **Medical Condition MANDATORY SECTION FOR HOME OR YOUNG MUMS’ TUITION** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Please provide details of the pupil’s medical condition and any support needed (N.B.** Where a pupil has a SEMH need (including anxiety leading to non-attendance), schools must provide a SEN support plan that identifies the strategies implemented | | | | | |
| **Please provide the name, address and telephone number of the pupil’s GP / Family Doctor** | | | | | |
| **Supporting Medical Evidence** | | | | | |
| **I confirm that I have attached a letter from a hospital consultant or other senior medical officer.  (please X)**  **Failure to provide evidence from a hospital consultant or other senior medical officer will delay the allocation of tuition.** | | | | | |
| **Request for Hospital Tuition Pre/Post Hospital In-Patient** | | | | | |
| Hospital name and address: | | | | | Tel No: |
| Consultant: | | | Ward No: | | Duration of hospital stay:       Days |
| Hospital tuition start date: | Is tuition required at home following the hospital stay? **YES  NO** | | | | |
| If YES: Home tuition start date: | | | | Return to school date: | |
| **Request for Home Tuition** | | | | | |
| Expected Duration of HOME Tuition (weeks) | |  | | | |
| Proposed Tuition Start date | |  | | | |
| Return to school date | |  | | | |
| Designated Senior Lead in School: Name and Contact Details | |  | | | |
| **Request for Young Mums –** Where the Pupil is pregnant | | | | | |
| Expected Delivery Date: | |  | | | |
| Designated Senior Lead in School: Name and Contact Details | |  | | | |
| Other key professionals involved: i.e. Social Worker, Health Visitor | | Name, email and telephone number | | | |

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| **Alternative Provision** |
| **Please provide details of any alternative provision that the pupil may have engaged in** (including DFE and non DFE registered providers and managed moves). |

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| **EARLY HELP / SOCIAL CARE** |
| **Has school referred the family/pupil to Early Help/Social Care? Yes  No** |
| **Please provide a synopsis of the support currently being offered and by whom with contact details.** |

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| **EXTERNAL AGENCY INVOLVEMENT** |
| **Please identify all agencies involved, including key worker contact details** (i.e., EPS, YOS, Wear Kids, YDAP, Autism & Outreach, SaLT, Complex Behaviour Service, CAMHS, CYPS, Behaviour Support Service, Social Services,)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Agency** | **Currently**  **involved** | **Name:** | **E-mail/phone number:** | **Reports Attached** | **Date of Report** | | **Attendance officer** | Choose an item. |  |  | Choose an item. |  | | **Autism & Outreach** | Choose an item. |  |  | Choose an item. |  | | **Behaviour Team** | Choose an item. |  |  | Choose an item. |  | | **CAMHS** | Choose an item. |  |  | Choose an item. |  | | **Counselling Service** | Choose an item. |  |  | Choose an item. |  | | **Custodial Services** | Choose an item. |  |  | Choose an item. |  | | **CYPS** | Choose an item. |  |  | Choose an item. |  | | **Drug and Alcohol Team** | Choose an item. |  |  | Choose an item. |  | | **Educational psychologist** | Choose an item. |  |  | Choose an item. |  | | **Health visitor** | Choose an item. |  |  | Choose an item. |  | | **Hearing Impaired** | Choose an item. |  |  | Choose an item. |  | | **Language and Learning** | Choose an item. |  |  | Choose an item. |  | | **Occupational therapist** | Choose an item. |  |  | Choose an item. |  | | **Paediatrician** | Choose an item. |  |  | Choose an item. |  | | **Physiotherapy** | Choose an item. |  |  | Choose an item. |  | | **Portage** | Choose an item. |  |  | Choose an item. |  | | **SENDIASS** | Choose an item. |  |  | Choose an item. |  | | **Social Care** | Choose an item. |  |  | Choose an item. |  | | **Speech & lang. therapist** | Choose an item. |  |  | Choose an item. |  | | **Virtual School Caseworker** | Choose an item. |  |  | Choose an item. |  | | **Visually Impaired** | Choose an item. |  |  | Choose an item. |  | | **Youth Offending Service** | Choose an item. |  |  | Choose an item. |  | | **Others:** | Choose an item. |  |  | Choose an item. |  | |

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| **PRIOR ATTAINMENT** |
| **If requesting Home Tuition and/or Young Mums, please provide accurate information from their latest assessment**  **MUST COMPLETE for the student’s KEY STAGE**  **Pupils in Key Stage 1**   |  |  | | --- | --- | | **Foundation Assessment Grade** | **Level Working At** | | Language and Learning |  | | | Mathematics and Numeracy |  | | | The Arts |  | | | The World Around Us |  | | | Personal Development and Mutual Understanding |  | | | Physical Education |  | | | Religious Education |  | |   **Pupils in Key Stage 2**   |  |  | | --- | --- | | **KS1 Test / Assessment - P Levels** | **Level Working At Grade** | | Mathematics |  | | Reading |  | | Writing |  | | Science |  | | SPAG |  |   **Pupils in Key Stage 3 and 4**   |  |  | | --- | --- | | **KS2 Test / Assessment - P Levels** | **Level Working At Grade** | | Mathematics |  | | Reading |  | | Writing |  | | Science |  | | SPAG |  |   **Pupils in Key 4**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **KS3 Assessment** | **Working at Grade** |  | **Working At Grade** |  | | | **Working At Grade** | | | | English |  | ICT |  | Languages | |  | | | Maths |  | Technology |  | Geography | |  | | | Science |  | Learning for Life and Work |  | History | |  | | | Art & Design |  | PE |  | Music | |  | | | Drama |  | RE |  |  | |  | | |  |  |  |  |  | |  | | | **Current KS4 Subjects** | | **Qualification** | **Exam Board** | | **Predicted Grade** | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |  | |  |  | |  | | | | |

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| **Young Person / Child’s View** |
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| **AGREEMENT** |
| * All parties will adhere to the Vulnerable Pupil’s Panel protocols at all times * All pupils are to remain on roll with their home school and will be dual registered with the alternative provision allocated to. * All parties agree that the pupil will be returned to their home school when the intervention has been completed. * Schools retain responsibility for the pupil during the alternative placement. * All parties agree to the final decision made by the Vulnerable Pupil’s Panel. * A signed copy of the Parental Consent Form must accompany this application, or the application will not be considered at the Vulnerable Pupil’s Panel. * An incomplete application form may delay the application process. * Ensure any related reports from other agencies that may support the referral are included in the application. * Any safeguarding concerns are reported to the school DSL immediately. |

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| **School / Academy Consent** | | | |
| School/Academy agree to:   * Arrange to attend reviews and meet with the Tutor/Provider and parents to complete Personal Education Plans (PEP) and Partnership Agreements. * Present all Curriculum targets, Individual Learning Plans, Attainment Data and Resources. * For Home, Hospital and/or Young Mums Tuition; provide curriculum and exam material at agreed times. * Maintain weekly contact with child and family during the period of tuition/provision. | | | |
| **Referrer Signature** |  | **Date** |  |
| **Print Name** |  | | |
| **Headteacher’s Signature** |  | **Date** |  |
| **Print Name:** |  | | |

**Send application, marked ‘Strictly private and confidential’ via email to** [VPP@togetherforchildren.org.uk](mailto:VPP@togetherforchildren.org.uk)

# Parent / Carer’s Consent

What is the Vulnerable Pupils Panel?

The Vulnerable Pupils Panel considers referrals from schools and Together for Children / Local Authority representatives requesting access to alternative provisions for pupils who may be experiencing social, emotional or mental health difficulties that are impacting on their learning.

The Vulnerable Pupils Panel consists of representation, as set out in the terms of reference and includes representatives from the Local Authority, Together for Children and schools/academies in Sunderland.

The Panel meets on a regular basis, every 2 weeks during term time to consider any referrals submitted.

Alternative provision placements are timebound and pupils continue to remain dual registered with their home school.

It is expected that schools will have worked with parents to obtain consent for outreach alternative provision requested in this application. However, Schools/academies have the power to direct off-site provision for pupils, where interventions or targeted support have not been successful in improving a pupil’s behaviour. Off-site direction may only be used as a way to improve future behaviour and should only be used where in-school interventions and/or outreach have been unsuccessful or deemed in appropriate. Where deemed appropriate and identified by schools, the Vulnerable Pupils Panel **may** consider this application as an off-site direction where parent consent was not obtained.

Your view

Your view of your child’s current issues, the impact this is having on his/her learning and how an alternative provision placement may benefit your child is extremely important. Please share your views in the box below.

What happens next?

If you accept the Vulnerable Pupil’s Panel allocation to alternative provision, arrangements will be made for your child to be admitted as soon as is practicable.

Alternative provision placements are timebound and pupils continue to remain dual registered with their home school.

To support the success of a child’s placement, the alternative provision offered can include support from other people/services.

Your consent

Your consent is required for your child to be referred to the panel and please note your views will be shared with the Panel along with the application form submitted by the school.

To ensure you fully understand and consent to the application being considered by the Panel please sign and date the consent statement below.

If you have any queries regarding this application, please do not hesitate to contact the Referrer of the application.

|  |
| --- |
| **Parent / Carer’s Views** |
| **Parental views on application to panel/potential placement *(****please explain what you are hoping the alternative provision will achieve).* |
| **Parent / Carer’s Consent** |
| * I understand the information provided on this application form * I give consent for my child to be referred to the Vulnerable Pupils Panel * I give my consent for my child’s information to be shared with other people/services as identified below, where applicable and have identified those services that I do not give my consent to share information with.  |  |  | | --- | --- | | **Services** | **Exclude Consent X** | | Allocated alternative provider |  | | Early Help |  | | Ethnic minority and traveller achievement service |  | | Social Care |  | | Your child’s mainstream school |  | | Child and Mental Health Services (CAMHS) and /or Children and Young People’s Services (CYPS) |  | | Children with disabilities Team |  | | Complex Behaviour Service |  | | Behaviour Support Service |  | | Education Psychologist Service |  | | SEN Team (including EHC plan if applicable) |  | | Other third party as required by law |  | | Other partner agencies of Together for Children that may support your child |  |  * If you do not agree to information being shared, please state who it cannot be shared with by indicating (û) above.     I/We have read and understood the above and agreed that my child’s school can refer my son/daughter for discussion at the Vulnerable Pupil’s Panel. I am also happy for information to be shared with agencies as indicated above. **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If at any-time that you wish to revoke your consent for information to be shared, please contact the Inclusion Access Team, Shelley Robson - 07765429145 or Michelle Burlinson - 07769 887602. |

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**sunderland Virtual School**

**TUition service for pupils with medical needs**

**GuidANCE for schools**

Dear Colleague

Your Referral for Tuition for Pupils with Medical Needs has been approved by the Vulnerable Pupils Panel

It is the duty of the pupil’s school to provide learning resources that enable the pupil to access a broad and balanced curriculum and ensure continuity in the pupil’s education.

**What to do**

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| --- | --- | --- |
|  |  | **Complete** |
| **1** | The Tuition Service Lead will contact you to introduce themselves and to advise you to convene a Tuition Education Plan (TEP) meeting with pupil (if possible), parents/carers, tutor, medical or other agency personnel (if appropriate) and Named Contact Person from school. This meeting can take place at school or at the pupil’s home and must be held as soon as possible and no later than 10 days after referral has been agreed by VPP.  If a parent/carer cannot be present during the tuition session, then a named appointed adult must be present during or for part of the TEP meeting and photo ID e.g., passport must be brought with them. |  |
| **2** | You will receive (by email):   1. Tuition Service Guidance for Schools 2. Guidance on the use of the Welfare Call Tuition Education Plan 3. Partnership Agreement 4. Individual Curriculum Learning Plan Template 5. Curriculum Entitlement |  |
| **3** | Distribute the Individual Curriculum Learning Plan template(s) to pupil’s class teacher/subject teachers/curriculum leaders. |  |
| **4** | Ensure that teacher(s) provide itemised list of work on the Individual Curriculum Learning Plans and full set of resources for at least 4 weeks’ work |  |
| **5** | Place each Individual Curriculum Learning Plan in a Work Folder with the accompanying teaching resources in preparation for the Tuition Education Plan meeting when they are to be presented to the tutor. |  |
| **6** | Named Contact Person chairs the Tuition Education Plan meeting and ensures that:   1. Tutor receives all resources to deliver the agreed curriculum in the Work Folder(s) 2. Tuition times are set 3. Partnership Agreement is read through and signed by all parties 4. Current Progress and achievement has been inputted into Welfare Call template 5. Details of any SEN/D needs have been inputted onto Welfare Call TEP 6. SMART targets have been drafted 7. Minutes of the meeting have been recorded 8. Next review meeting has been set |  |
| **7** | Named Contact Person sends a copy of the completed Tuition Education Plan and Partnership Agreement to the parent/carer |  |
| **8** | Once the tuition commences you will receive:   1. Weekly Tutor Report (which will also inform you of any further resources required) 2. Weekly Pupil Evaluation |  |
| **9** | Distribute the Individual Curriculum Learning Plans to teacher(s) and collate the next programme of work on a regular basis as required by the tutor and agreed at the TEP planning meeting. |  |
| **10** | For pupils on long term provision, beyond one term, a Tuition Education Plan Review meeting must take place at least once per term.  For pupils on short term provision, a Tuition Education Plan Review should take place at least 4 weeks before the scheduled end of the programme to ascertain whether a re-referral should be made to the VPP. |  |
| **11** | For re-referral, submit School Referral Form for Pupils with Medical Needs with current medical evidence from the pupil’s consultant. |  |

Sunderland Virtual School  
Bunny Hill Centre

Hylton Lane

Sunderland

SR5 4BW

Tel: 07880 465962

Email: [virtualschool@togetherforchildren.org.uk](mailto:virtualschool@togetherforchildren.org.uk)

**Sunderland Virtual School**

**Tuition Service**

**Hospital Referral Form for Pupils with Medical Needs**

**For MEDICAL PROFESSIONAL STAFF only.**

**To be used when a pupil of statutory school age will be in hospital for more than 5 days and is able to access education. A copy of the form should be sent to the parents/carers and a copy retained by the Hospital.**

**Pupil Details**

|  |  |  |
| --- | --- | --- |
| Pupil’s Name: | | Date of Birth: |
| Pupil’s Address: | | Home Tel No: |
| Parent/Carer Mobile Telephone Numbers: | | |
| School: | Local Education Authority: | |

|  |  |
| --- | --- |
| **Parent/Carer Details** | |
| Name of Adult with Parental Responsibility: | |
| Contact details if different to the above: | Tel No: |
| Is the pupil in the care of the LA? YES  NO | Local Authority: |
| Are the pupil’s parents/carers are aware of this referral? YES  NO  . |  |

**The pupil’s school will be contacted and asked for curriculum details, target and current grades and the loan of resources as part of the pupil’s Personal Education Plan, and the LA will be informed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital Details** | | | |
| **City Hospitals Sunderland** | **Kayll Road, Sunderland** | Post Code: **SR4 7TP** | Tel No: 0191 5656256 |
| Consultant: | | Ward Manager: | |
| Duration of Hospital stay: | | Ward: | Wing: |
| **Medical Information:** | | | |
| Will the pupil require Home Tuition following the hospital stay? YES  NO  .  Approximate duration of recovery:  For pupils from other Local Authorities, this information will be provided to their school and LA. | | | |

Person making this referral:

Name:       Position:

Signature:       Date:

**Please return form via email to Shelley Robson at email:** [**VPP@togetherforchildren.org.uk**](mailto:VPP@togetherforchildren.org.uk)

**If further information is required contact Shelley on 07765 429145**