### A2E Request for Involvement Form

Please send the completed form to the Area A2E Lead when completed.

#### Pupil information

|  |  |  |  |
| --- | --- | --- | --- |
| Name of pupil: Click or tap here to enter text.  Pupil UPN: Click or tap here to enter text. | Date of Birth: Click or tap to enter a date. | | Gender: Choose an item. |
| Ethnicity: Click or tap here to enter text. | First Language: Click or tap here to enter text. | | NCY: Click or tap here to enter text. |
| Home Address: Click or tap here to enter text. | Home Number: Click or tap here to enter text.  Mobile Number: Click or tap here to enter text. | | Email address: Click or tap here to enter text. |
| **Reason For Request (the box will expand on entry):** Click or tap here to enter text. | | | |
| Level of needs SEN Code of Practice: Choose an item.  Is the child looked after: Choose an item.  Is the subject to a Child Protection (CP) Plan: Choose an item. | | Medical condition(s)/ risk factors: Click or tap here to enter text.  Allergies: Click or tap here to enter text. | |
| School name: Click or tap here to enter text.  Headteacher Name: Click or tap here to enter text.  SENCO Name: Click or tap here to enter text. | | Phone number: Click or tap here to enter text.  Email: Click or tap here to enter text. | |
| Other Agencies involved (please specify): Click or tap here to enter text. | | | |
| **Please provide brief details against each of the following headings**:  Attitude to school: Click or tap here to enter text.  Attendance history: Click or tap here to enter text.  Academic strengths: Click or tap here to enter text. | | | |
| Please outline strategies/actions already in place and the outcome: Click or tap here to enter text. | | | |

|  |
| --- |
| Mental ill health/anxiety information: If you are requesting support for a mental ill health/ anxiety case, please give details of strategies you have tried from the ‘Return and Recover’ guidance issued to schools (see additional guidance below): Click or tap here to enter text. |

**Please attach chronology/student support documents to this request.**

#### Support requested

|  |
| --- |
| **Please outline the type of support you are requesting from A2E and** **identify clear outcomes/objectives that will enable the student** **to return to school:** Click or tap here to enter text. |

#### Parent / carer details

**Full name of all persons with legal parental responsibility/ carer(s) to be included below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname 1:Click or tap here to enter text. | Forename 1:Click or tap here to enter text. | | Title 1: Click or tap here to enter text. |
| Relationship to child: Click or tap here to enter text. | Parental Responsibility: Choose an item. | Telephone number: Click or tap here to enter text. | |
| Surname 2:Click or tap here to enter text. | Forename 2:Click or tap here to enter text. | | Title 2: Click or tap here to enter text. |
| Relationship to child: Click or tap here to enter text. | Parental Responsibility: Choose an item. | Telephone number: Click or tap here to enter text. | |
| Is there a family court order? Choose an item. | | | |

|  |
| --- |
| Parent/carer authority for A2E to work with the school /child: *I give permission for the A2E Team to work with the school to support my child and to make contact for an initial home visit*.  Parent/carer signature(s)  Parent/carer 1: ......................................... Parent/carer 2: ................................................ |

|  |
| --- |
| Please ensure that this request form is fully completed before submitting it to the A2E area lead.Any incomplete forms will be returned, and any support may be delayed. |

#### Referrer’s details:

|  |  |
| --- | --- |
| Date of request: Click or tap to enter a date. | Date received: Click or tap to enter a date. |
| Name: Click or tap here to enter text. | Role/position: Click or tap here to enter text. |
| School/Service: Click or tap here to enter text. | Contact No: Click or tap here to enter text. |
| Email address: Click or tap here to enter text. | Signature: |

**This request for involvement should be supported by additional evidence as appropriate. Please attach copies and** **tick which you** **have submitted.**

Consultant level letter for medical or CAMHS referrals

Medical reports

Education & Health Care Plan

Copies of any current/recent agency reports

Progress and attainment information (to include evidence of provision plan review)

Summary of sanctions/exclusions information

Attendance record

Reports from other agencies (e.g. Children’s Services, Early Help)

School report

Alternative Provision arrangements

Chronology/student support documents

##### Additional Guidance

Children and young people exhibiting mental ill health and/or anxiety will require a robust support plan from their school community.

Schools should ensure that they draw on the Recover Mental-Health and Wellbeing Guidance pack1 circulated to schools, and other resources highlighted in the Healthy Surrey Schools Approach to address these issues.

To strengthen a school’s ability to meet children’s medical needs, there are also enhanced online offers of support available from vulnerable learner’s services and the additional funding recently made available by the Government. Schools should implement these other forms of support before considering a request to A2E.

[https://www.healthysurrey.org.uk/\_\_data/assets/pdf\_file/0005/228794/R ecover\_-Mental-Health-and-Wellbeing-Guidance-compressed.pdf](https://www.healthysurrey.org.uk/__data/assets/pdf_file/0005/228794/R%20ecover_-Mental-Health-and-Wellbeing-Guidance-compressed.pdf)

[https://www.healthysurrey.org.uk/\_\_data/assets/pdf\_file/0006/223287/S urrey\_Healthy-Schools-Guidance\_2020\_2021.pdf](https://www.healthysurrey.org.uk/__data/assets/pdf_file/0006/223287/S%20urrey_Healthy-Schools-Guidance_2020_2021.pdf)

#### Contact information

Requests for support from A2E will need to be forwarded to the Area A2E Lead:

North East – Liane Coakes [liane.coakes@surreycc.gov.uk](mailto:liane.coakes@surreycc.gov.uk) Tel: 01372 833588

South East – Karen Gilzene – [karen.gilzene@surreycc.gov.uk](mailto:karen.gilzene@surreycc.gov.uk) Tel: 01737 737390

North West – Katie Johnson – [katie.johnson@surreycc.gov.uk](mailto:katie.johnson@surreycc.gov.uk) Tel: 01483 518110

South West – Maria Langford – [maria.langford@surreycc.gov.uk](mailto:maria.langford@surreycc.gov.uk) Tel: 01483 517179