This free TEAMS session provides an opportunity to have a discussion about a learner with **significant medical/physical needs.** It is for mainstream nurseries/schools where you have a concern about them accessing their environment or learning; and the needs are beyond Best Practice Guidance/Mainstream Core Standards advice. The 30 minute PD Consultation discussion will have 2 Specialist Teachers present to offer advice and guidance.

*If you would like advice on other areas of needs such as* ***Cognition, Communication, Social, Emotional and Mental Health-p****lease contact LIFT-*

[*https://www.kelsi.org.uk/special-education-needs/special-educational-needs/local-inclusion-forum-teams*](https://www.kelsi.org.uk/special-education-needs/special-educational-needs/local-inclusion-forum-teams)

*If you would like advice on* ***Hearing*** *or* ***Vision impairment*** *needs; please contact here:*

[*https://www.kelsi.org.uk/special-education-needs/special-educational-needs/specialist-teaching-and-learning-services-stls/support-for-sensory-impairment/sensory-impairment-in-mainstream-schools*](https://www.kelsi.org.uk/special-education-needs/special-educational-needs/specialist-teaching-and-learning-services-stls/support-for-sensory-impairment/sensory-impairment-in-mainstream-schools)

If the learner is very complex and has been prescribed equipment by a physiotherapist or Occupational Therapist, or a PD teacher has already recommended to do so; please complete a **referral request form** where cases will be triaged swiftly:

<https://www.kelsi.org.uk/special-education-needs/special-educational-needs/specialist-teaching-and-learning-services-stls/physical-disability-and-complex-medical-needs>

|  |  |
| --- | --- |
| SENDCo name |  |
| School/Setting name and DISTRICT. |  |
| Pupil name |  |
| Year group & Date of Birth |  |
| Diagnosis (where there is one) |  |
| Mobility needs |  |
| Medical / Care needs  (please make every effort to gather this information from parents/Healh Visitor/ School Nurse or specialist health team.) |  |
| Primary concern you would like suport with |  |
| Preferred date (see slots): |  |
| Preferred time (see slots): | First choice-  Second choice-  Third choice- |
|  | |

**………………………………………………………………………………………….**

**Nursery/ School Agreement**

**I have shared each of the following statements with parents/carers and they have given consent for the following:**

* Discuss their son/daugther’s needs with PD STLS for advice and guidance.
* Minutes /emails may be shared with parents and relevant professionals.
* Relevant health paperwork may be shared such as care plans, risk assessments, PEEPs, health records etc.
* Where appropriate, a Specialist Teacher may follow up with an investigative visit and school/setting will need to show parent signature\* and share date of visit with parent.
* If ongoing support is recommended, the parent/carer understands a full referral request form with parent signature/consent will be needed; and data will be stored on KCC’s digital storage system (Synergy), if accepted onto caseload.

**SENDCo signature (on behalf of parent)**:

**Date:**

**\*Parent signature………………………………………………………………….**

SEND FORM BACK TO [PDteam@kent.gov.uk](mailto:PDteam@kent.gov.uk)

…………………………………………………………………………………………………

**DATES and TIMES**

**WEDNESDAYS: 9-9.30** 9.45-10.15 **10.30-11.00** 11.15-11.45 **12-12.30**

If you are unable to make the date in your Area; you can request a different slot but your local Specilist Teacher may not be present. You can also email your local specialist teacher to arange an anonymised (non minuted disucssion) for general requests.

**South Surgery**- 23/10/24, **11/12/24**,12/02/25, **02/04/25**, 21/05/25, **16/07/25**

**West Surgery**- 02/10/24, **27/11/24**, 29/01/25, **05/03/25**, 07/05/25, **25/06/25**

**East Surgery**- 09/10/24, **13/11/24**, 15/01/25, **26/02/25**, 30/04/25, **18/06/25**

**North Surgery**- 16/10/24, **04/12/24**, 05/02/25, **19/03/25**, 14/05/25, **09/07/25**