

Meadow Pathways Wellbeing and Education Cornwall (MPWEC)



Referral Form

SECTION 1 — PUPIL IDENTIFIERS

Full Name:

Date of Birth:

UPN or Local ID:

Year Group / Class:

First Language:

Gender:

Current School and Contact Details:

Date of Admission:

Date of Referral:

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SECTION 2 — REFERRER DETAILS

Referrer Name:

Role:

School / Agency:

Email:

Telephone:

Date:

Parent/Carer Consent Obtained? Yes / No

Pupil Agreement Confirmed? Yes / No

SECTION 3 — PRESENTING NEEDS

Brief summary of presenting needs (max 300 words):

Primary barrier to accessing school:

☐ SEMH

☐ Medical

☐ SEND

☐ Exclusion

☐ School avoidance

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☐ Other:

Immediate risks or safeguarding concerns:

SECTION 4 — SEN AND LEGAL STATUS

SEN Status:

- ☐ EHCP
- ☐ SEN Support
- ☐ No SEN

Primary Need:

- ☐ SEMH
- ☐ ASD
- ☐ SLCN
- ☐ Cognition and learning
- ☐ Sensory/physical
- ☐ Other:

Secondary Need (optional):

Statutory markers (e.g., Section 19):

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SECTION 5 — ATTENDANCE AND EXCLUSIONS

Attendance YTD (%):

Attendance last year (%):

Fixed term suspensions (dates/reasons):

Permanent exclusion? Yes / No

SECTION 6 — EDUCATIONAL ATTAINMENT & ASSESSMENTS

Recent attainment / key stage results:

Reading / spelling ages or standardised scores:

Diagnostic assessments (list attached):

SECTION 7 — HEALTH, SAFEGUARDING & SOCIAL CARE

Medical conditions, medication and relevant medical evidence:

Medical evidence attached? Yes / No

Safeguarding status:

- ☐ None
- ☐ Child Protection (CP)
- ☐ Child in Need (CIN)
- ☐ Looked After Child (LAC)

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Social worker name and contact:

Current risk assessment attached? Yes / No

Brief risk summary:

SECTION 8 — INTERVENTIONS TRIED AND IMPACT

Graduated response summary (dates, interventions, outcomes):

External agencies involved (CAMHS, EP, SALT etc.):

Supporting documents attached? Yes / No

SECTION 9 — PROPOSED PROVISION

Requested outcome:

- ☐ Short-term tuition
- ☐ Re-integration plan
- ☐ Full EOTAS placement
- ☐ Assessment only

Suggested package (tick all that apply):

- ☐ 1:1 tuition
- ☐ Small group

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- ☐ Therapeutic input
- ☐ Home tuition
- ☐ Community placement
- ☐ Other:

Session frequency and proposed location:

Any specialist staff or qualifications required:

Estimated start date:

SECTION 10 — CONSENT, SIGNATURES & CHECKLIST

Parent/Carer consent (name):

Parent/Carer consent (date):

Pupil agreement (name):

Pupil agreement (date):

Referrer sign-off (name):

Referrer sign-off (date):

Attachments checklist:

- ☐ EHCP / EHCNA
- ☐ Attendance data
- ☐ Behaviour logs

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- ☐ Medical evidence
- ☐ Risk assessment
- ☐ EP report

END OF FORM
