

# Meadow Pathways Wellbeing and Education Cornwall (MPWEC)



## Referral Form

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### SECTION 1 — PUPIL IDENTIFIERS

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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

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Referrer Name:

Role:

School / Agency:

Email:

Telephone:

Date:

Parent/Carer Consent Obtained? Yes / No

Pupil Agreement Confirmed? Yes / No

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## SECTION 3 — PRESENTING NEEDS

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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:

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## SECTION 4 — SEN AND LEGAL STATUS

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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

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Attendance YTD (%):

Attendance last year (%):

Fixed term suspensions (dates/reasons):

Permanent exclusion? Yes / No

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## SECTION 6 — EDUCATIONAL ATTAINMENT & ASSESSMENTS

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Recent attainment / key stage results:

Reading / spelling ages or standardised scores:

Diagnostic assessments (list attached):

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## SECTION 7 — HEALTH, SAFEGUARDING & SOCIAL CARE

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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:

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## SECTION 8 — INTERVENTIONS TRIED AND IMPACT

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Graduated response summary (dates, interventions, outcomes):

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

Supporting documents attached? Yes / No

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## SECTION 9 — PROPOSED PROVISION

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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:

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## SECTION 10 — CONSENT, SIGNATURES & CHECKLIST

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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

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**END OF FORM**

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