# Checklist for MET referrals

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Checklist** | **Yes/No** | **Comments** |
| Is the form signed by parents? |  |  |
| Is the form signed school? |  |  |
| Appropriate medical evidence attached – on going therapy plan and not a discharge letter |  |  |
| Attendance data |  |  |
| Academic information (including history and all sections in FULL) |  |  |
| Full disclosure for safeguarding and risk assessments, PSPs, EHCPs, PEPs and provisions maps if applicable |  |  |
| Appropriate information on what steps have been taken by school that includer a wide range of strategies |  |  |
| Outreach support, Targeted Family Support, Learning Assessments, CCN advice/support and Educational Psychology |  |  |
| Home/ 1:1 visits from pastoral staff and regular review meetings |  |  |
| Individual Health Care Plan |  |  |
| PLEASE ENSURE you do not discuss a definite placement until the case is reviewed and the place agreed by the MET staff |  |  |