



Date created/revised:	29/09/2016
Date ratified by Governors:	17/10/2016
Date shared with staff:	05/10/2016
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## Administration of Medication Policy

At CCJ we want all of our pupils to have successful and fulfilling lives. This policy provides guidance to help us achieve our shared vision that all children and young people should be healthy, stay safe, enjoy and achieve, and be able to make a positive contribution. All of our pupils will be supported with their medical needs so that they have full access to education and play a full and active role in school life.

### **Status and Implementation**

This document has been written in line with Supporting Pupils at School with Medical Conditions (December 2015) and Section 100 of the Children and Families Act 2014.

### **Rationale**

Involvement in the administration of medication, although recognised as ideally and in the first instance a parent/carer responsibility where pupils should go home or parents/carers come to the establishment when medicine needs to be taken, is now more frequently a part of the daily work of many Education Establishment staff where suitable provision is made. Statutory DfE guidance (2015) states that: 'Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education'.

All pharmaceutically active substances bear a risk of harm. This policy aims to protect both staff and pupils and other service users by ensuring that medication is only administered by employees who are competent to do so. In all cases, staff must be in receipt of appropriate information, instruction and training. Further, existing members of staff must only volunteer to administer prescribed or non-prescribed medication or undertake other medical routines. They must not be instructed to take on this responsibility, unless this constitutes a term of employment.

Part 4 of the Disability Discrimination Act stipulates that disabled persons must have an equal opportunity to benefit from whatever education or other related provision is available. At CCJ, we seek to strive to be an inclusive institution and will seek to work together with local authorities and health care professionals to ensure that children with medical conditions receive a full education.

### **Staff training in managing medicines safely and supporting an identified individual child**

The Headteacher is responsible for ensuring that sufficient staff are suitably trained.

All staff will be made aware of this policy and will be advised on the protocol it outlines. Any staff involved with administering medication will receive Administration of Medicines training. The school nurse will additionally provide training for staff, such as managing asthma, epilepsy, epipen training and diabetic awareness training as required.

Where necessary, healthcare professionals will advise the school on the type and level of training required for specific individual medical conditions. Where this is required, the school will follow the model procedure set out in Annex A (See Statutory guidance on Supporting pupils at school with medical conditions Dec 2015).

All new staff will be informed of this policy and its contents as well as directed to trained staff.

Any member of staff who has undergone Administration of Medicines Awareness training may administer medication.



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## Implementing the Policy

All staff have access to information around medical needs through the care plans held in classrooms, first aid cupboard and school office. Any new pupils or changes that are made to the existing conditions will go through the school office, who will give parents the required forms. The office staff will inform class teachers and a member of staff trained in administration of medication.

There will always be a member of staff trained and willing to administer medication and first aid on site. All TAs, office staff and SMSAs are first aid trained.

Pippa Osborne, Kate Thatcher, Gill Elliott, Becky Merrifield, Vicky Milne and Jane Lovell have all received diabetic training. All staff have received epi pen training, with teacher training being updated in November 2016.

Supply Teachers are informed of medical needs within the supply folders, which includes the summary of care plans, medical conditions and teacher's profiles for all pupils within the class. These are handed to supply teachers upon entry of the school by office staff.

## Named staff with overall responsibility for implementing this policy

Pippa Osborne (Headteacher)

## Named staff trained to administer medicines

Susan Friend, Becky Merrifield, Sally Payne, Kate Thatcher, Fiona Pollock

It is the responsibility of the named staff to ensure that they follow this policy carefully and thoroughly. It is vital that staff check, record and store medication carefully and safely.

## Monitoring of Care Plans

Care Plans are sent to parents to be completed as pupils start at the school, however CCJ will support pupils with medical needs as transitional arrangements take place upon consultation and completion of appropriate forms with parents. It is the responsibility of the parents to ensure that the information they provide in the care plan is up to date and accurate.

The care plans will be reviewed at least annually, or earlier if evidence is presented that the child's need have changed. The careplans and administration of medication permission forms will be stored centrally in the school office as well as applicable copies being available in the classrooms and the first aid cupboard. The record of medication administered will be signed by two members of staff and stored in the lockable cupboard in the medical room.

## Procedures for managing prescription medicines which need to be taken during the school or setting 'day'

- Only prescribed medications will be administered on site. These must all be provided with their original label, stated dosage, original packaging and leaflet.
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent
- A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor
- Any member of staff giving medicines to a child should check:
  - Name of child



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- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

e) If a child refuses to take medication they should not be forced to do so. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

f) Medicines that are no longer required or those which have expired are returned to the parent/carer by office staff who request a signature for each medicine returned.

g) If tablets have to be split by the school, then leftover halves will be given back to the parents and not given to the child, although ideally the parent will provide half tablets when possible.

h) Cough sweets are only allowed in school if handed to the teacher who can monitor their use.

i) There are no circumstances in which children may be administered any non-prescription medicines in the usual school day.

j) The procedure for the use of asthma inhalers is outlined in Appendix D

## Parental responsibilities in respect of their child's medical needs

- All medication given to the school must be handed into the office
- It must contain its original prescription label with the child's name on it, stated dosage, original packaging and leaflet (The only exception to this is insulin, which must be in date, but is generally provided inside an insulin pen or pump rather than its original container.)
- We do not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions
- Where a child has a diagnosed condition the parent/carer must fill out a health care plan.
- This gives the following information:

-Details of the child's condition including triggers, signs, symptoms and treatments

-The pupils needs including medication (dose, side effects and storage) and other treatments including time, facilities, equipment, access to food and drink and environmental issues

-The level of support needed and where the child can self-manage the medication

-Special requirements e.g. dietary needs, pre-activity precautions

-Any side effects of the medicines

-What constitutes an emergency

-What action to take in an emergency

-What not to do in an emergency

-Who to contact in an emergency

-The school must be informed in writing if there is any change to the prescription or support required

-Any additional or separate arrangements or procedures required for school trips or activities outside of the normal timetable that will help ensure the pupil can participate

-Arrangements for the written permission from parents for medication to be administered by staff or self-administered on the administration of medication permission form.

-The plan will be reviewed at least once a year with the parent



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- Parents are responsible for checking dates on their child's medication, including inhalers, and updating (at least yearly) where required
- Where a parent/carer considers that their child should not partake in an activity for an extended period on health grounds, they must put this in writing. If written notice is given that a child should not partake in an activity, it is required that the parent write again so that they can re-join with the class. If it is unclear to the school whether they should take part in an activity, the school will withdraw that child from that activity until the parent/carer authorises the child to take part in writing.

## Headteacher responsibilities

- To ensure that the policy is developed and effectively implemented across the school
- There are sufficient trained numbers of staff on site and available to implement the policy and deliver on all care plans, including in contingency and emergency situations.
- Development of individual Health Care Plans  
All staff administering medicines have been properly trained including whole staff Administration of Medicines Awareness training, Managing Asthma, Epilepsy and Epipen training and diabetic awareness training every two years
- Ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way
- Make sure that medicines are stored safely.
- Ensure that office staff update plans and inform staff when this has taken place.
- Decide on relevant information to pass on to staff about medical needs
- Contact the school nursing service in case of any child who has a medical condition that may require support at school, but has not yet been brought to the attention of the school nurse
- All outside providers will be required to collect, record and manage their own arrangements for administration of medicines. The headteacher will make this clear and monitor their arrangements twice a year as part of the role of the Health and Safety team

## Office staff responsibilities

- To contact Y2 parents at the Infant to school to provide essential medical information in order to set up a Care Plan for their children before the beginning of term 1
- In the case of children arriving during the year parents will be asked to fill in a Care Plan, where relevant, before their child starts at the school.
- To update file (office and class) from information parents provide during the year
- To provide supply staff with Health and Safety advice and signpost to medical information about children. A list of children with Care Plans is kept on staff noticeboard
- To inform staff of any changes to Care Plans immediately by giving a notice on the staff whiteboard and informing class teachers and medicine administrators.
- To ensure children with medication stored in First Aid cupboard know where it is located.
- When any new medication comes into the office, they should ensure the correct forms are completed by the parent and then inform class teachers and medicine administrators
- Receive and return medication to parents, ensuring parents sign for the return of medication.



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## Teacher, peripatetic teacher, SMSAs, librarian and HLTA responsibilities

- To give the office any written medical record passed to them from a parent/carer or medical practitioner
- To have read and understood the contents of Care Plans for children whom they teach that day or in an after school club
- To provide supply teachers with up to date information regarding children's medical conditions and a list of those who have Care Plans within the supply folder
- To decide where appropriate to withdraw a child from an activity that would, in their opinion be detrimental to their health. To inform the Headteacher, (if possible before withdrawing the child) and contact the parent that day for the reasons for this action. Where appropriate, the Headteacher may need to be involved in discussing a future course of action.
- To take the class First Aid bag with them when leaving the school premises with their class or in case of an evacuation. The first aid bag should go on any planned trip, including locally, and this must include any medication not included in the first aid bag e.g. epi pens.
- To make a record on the prescribed sheet inside First Aid bag whenever a child has used their asthma inhaler.
- To ensure that no child with a plaster cast or requiring crutches takes part in a PE lesson.
- To ensure children know where their inhalers are stored.

## Pupil's responsibilities

Pupils should contribute, wherever appropriate, to the development of their own individual healthcare plan. They should be fully involved in discussions about their medical needs and are often best placed to provide information about how their condition affects them.

Pupils, wherever possible, will have access to their medications for self-medication quickly and easily.

First aid bags in every class hold essential medications such as inhalers.

## Policy on children carrying and taking their medication themselves

Health professionals may assess, with parents and children, that it is an appropriate time for a child to make a transition towards self-managing their medication. In such cases, a parent will need to update and re-sign their child's care plan.

## Record keeping and communication

- a) Health Care Plans (Appendix A) are kept in AM file for any child with a long or short term medical need.
- b) After any medicine is administered to any child a record is kept (see Appendix B) on the form in the AM file and is signed by two members of staff

## Storage of children's medicines

- Drugs are kept in a locked non-portable container and all staff have access to this in case of emergency.
- Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
- Children know where their own medicines are stored.
- All emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to children.



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- A few medicines may need to be refrigerated. They are kept in a refrigerator in an airtight container and clearly labelled.

## Storage of staff medicines

Any staff requiring medicines should keep them in a lockable cupboard in the classroom or staff cloakroom and must be out of the reach of children. The office should be informed of the time it is brought in, where it is kept and the time when medication is taken home.

If medication is required over a longer period, a care plan needs to be filled in and discussed with the Headteacher. Together they will agree who else, if required, needs to access to this information.

## Procedures for managing prescription medicines on trips and outings

- Teachers, in consultation with the Headteacher, will seek to find reasonable adjustments that might need to be made in order to enable a child to participate fully and safely on trips.
- Staff supervising excursions need to always be aware of any medical needs and relevant emergency procedures. Copies of any health care plans are taken on visits in the event of the information being needed in an emergency. (This information is recorded on Class visits checklist)
- A member of staff trained in administering medication is on every school trip where this may be required (with the exception of self-administering asthmatics and where a teacher has epi-pen training.)

## Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues on a long term basis. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.



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## Emergency procedures

### Wherever possible, parents should transport children to hospital.

- A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- Staff should only take children to hospital in their own car if:
  - Parent has been contacted and agreed or
  - Parent is unable to be contacted and the child is in need of immediate treatment

## School's policy on assisting children with long-term or complex needs

The school will do everything possible to work with children, parents and Health professionals to support children with long-term or complex needs to enable them to have access to a full range of learning opportunities.

## Risk Assessments

Risk assessments on storage and administration of medicines are kept in the Head's office and reviewed two yearly.

## Liability and Indemnity

The school will seek advice regarding any changes to their insurance in the case of individual pupils who may require specifically trained staff to administer medication. In such cases a risk assessment will be carried out involving all relevant staff, parents and the child(if appropriate).

## Complaints

Any parental complaint with regards to the implementing of this policy will be addressed through the procedures set out in the School Complaints Policy.

## Policy Framework

This policy to be read in conjunction with First Aid Policy/ Child Protection Policy

If any issues are brought to the attention of an adult in the context of this policy that raises concerns for a child's safety or well-being these should be recorded and reported to the headteacher immediately.

Governor signature:

Date: 17/10/16

Governor role: Chair of Governors

Headteacher signature:

Date: 17/10/16



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## Individual Health Care Plan

<b>About your Child</b>			
Child's name			
Class		Year	
Date of birth			
Child's address			
Medical diagnosis or condition			
Date			
Review date			
<b>Family Contact Information</b>			
Name			
Phone no. (work)			
(home)			
(mobile)			
Name			
Relationship to child			
Phone no. (work)			
(home)			
(mobile)			
<b>Medical Contacts</b>			
Clinic/Hospital Contact			
Clinic/Hospital Contact Phone no.			
G.P. Name			
G.P. Phone no.			



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Medical Needs	
Description of need/condition:	
Symptoms / Triggers/ Signs:	
Treatments:	
Any other information e.g. facilities, equipment or devices, environmental issues:	
Name of Medication:	
Dose Required:	
When to be taken:	
Type of Medication e.g. cream, pill, syrup:	
Administration Details e.g. to be administered by staff, self-administered, supervision required:	
Any other information e.g. side effects:	
Please note that medication will only be administered alongside an administration of medication consent form.	
Daily care requirements e.g. access to additional facilities, dietary requirements, continence issues etc.	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other information- Is there anything additional that we need to know?	



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Emergency Needs	
Describe what constitutes an emergency, and the action to take if this occurs.	What is an emergency?
	What action should be taken?
Please outline anything that SHOULD NOT be done in an emergency.	
Who should we contact in an emergency situation? Please give name, address and <b>all</b> contact telephone numbers.	
Is there a contingency contact? Please give name, address and <b>all</b> contact telephone numbers.	
At what point should they be contacted?	
<b>For CCJ to complete:</b>	
Who is responsible for providing support in school?	
Who is responsible in an emergency ( <i>state if different for off-site activities</i> )?	
Plan developed with...	
Staff training needed/undertaken – who, what, when?	
Form copied for classroom and added onto care plan summary?	



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## Administration of Medication Consent Form

CCJ will not give your child any medication unless you complete and sign this form. Only prescribed medication presented with its original prescription label with the child's name on it, stated dosage, original packaging and leaflet will be administered. (The only exception to this is insulin, which must be in date, but is generally provided inside an insulin pen or pump rather than its original container.)

Date of Consent		Date for Review	
Name of child		Date of Birth	
Class		Year	
<b>Medicine</b>			
Name/type of medicine <i>(as described on the container)</i>			
Expiry Date			
Dosage and method			
Timing			
Special precautions/other instructions			
Are there any side effects that the school/setting needs to know about?			
Self-administration- yes or no. Please provide any additional information if the pupil is to self-administer.			
Procedures to be taken in an emergency			
<b>Contact Details</b>			
Name			
Daytime telephone no.			
Relationship to child			
Address			
I understand that I must deliver the medicine personally to the school office and have read the school's Administration of Medication Policy in order to understand my responsibilities. The information above is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with their policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.			
Name			
Signed			

**Please ensure that the record of Medicine Administered is signed by staff and parent**



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## Record of Medicine Administered to an individual child

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Name and Signature of Staff Member	
Name and Signature of Parent	

Date		Date	
Time Medication Given		Time Medication Given	
Dose Given		Dose Given	
Name of Staff Member		Name of Staff Member	
Staff Signature		Staff Signature	
Second Staff Member		Second Staff Member	
Second Staff Signature		Second Staff Signature	

Date		Date	
Time Medication Given		Time Medication Given	
Dose Given		Dose Given	
Name of Staff Member		Name of Staff Member	
Staff Signature		Staff Signature	
Second Staff Member		Second Staff Member	
Second Staff Signature		Second Staff Signature	



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Date		Date	
Time Medication Given		Time Medication Given	
Dose Given		Dose Given	
Name of Staff Member		Name of Staff Member	
Staff Signature		Staff Signature	
Second Staff Member		Second Staff Member	
Second Staff Signature		Second Staff Signature	

Date		Date	
Time Medication Given		Time Medication Given	
Dose Given		Dose Given	
Name of Staff Member		Name of Staff Member	
Staff Signature		Staff Signature	
Second Staff Member		Second Staff Member	
Second Staff Signature		Second Staff Signature	

Date		Date	
Time Medication Given		Time Medication Given	
Dose Given		Dose Given	
Name of Staff Member		Name of Staff Member	
Staff Signature		Staff Signature	
Second Staff Member		Second Staff Member	
Second Staff Signature		Second Staff Signature	

Date		Date	
Time Medication Given		Time Medication Given	
Dose Given		Dose Given	
Name of Staff Member		Name of Staff Member	
Staff Signature		Staff Signature	
Second Staff Member		Second Staff Member	
Second Staff Signature		Second Staff Signature	





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## Staff Training Record

### Administration of Medication

Name of Staff Member	
Role in School	
Type of Training Received	
Date of Training Completed	
Training Provided by (Company and Name of Trainer)	

I confirm that I have received the training detailed above and am competent to carry out any necessary administration of medication at CCJ.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name of Staff Member	
Role in School	
Type of Training Received	
Date of Training Completed	
Training Provided by (Company and Name of Trainer)	

I confirm that I have received the training detailed above and am competent to carry out any necessary administration of medication at CCJ.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Review Date \_\_\_\_\_



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## Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number CCJ- **01454 866516**
2. your name
3. your location **Christ Church Junior School, Pendennis Road, Downend, South Glos, BS16 5JJ**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code **BS16 5JJ**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



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## Model Letter inviting Parents to contribute to health care plans

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



