This free TEAMS session provides an opportunity to have a discussion about a child/young person with physical disabiliites/complex medical needs, where you have a concern about them accessing their environment or learning. The surgery will have 2 specialist teachers for physical disability/ complex medical needs present to offer Advice and Guidance.

If the pupil has or is likely to need prescribed equipment (e.g. specialist chair, walker, stander,wheelchair) or may need environemental/ building adaptations; then please email [pdteam@kent.gov.uk](mailto:pdteam@kent.gov.uk) for a **referral request form.** Complex cases such as these will be triaged each week, outside of PD Surgery.

The Surgery aims to provide a thirty minute discussion with advice and guidance for you as SENDCO/Inclusion Manager to take forward, and you are encouraged to bring the case again with new challenges. Please complete the form below and seek **parental consent.** Where appropriate, we may follow up with further contact e.g. reviewing Risk Assessments/Care Plans/attend a meeting or send a referral request form if ongoing caseload work is needed.

If you would like to have **an anonymised general conversation**- please email your local specialist PD teacher who can arrange a phone call or drop-in service; but we will not provide a wriiten record in this instance.

|  |  |
| --- | --- |
| SENDCo name |  |
| School/Setting name |  |
| Pupil name |  |
| Year group |  |
| Diagnosis (where there is one) |  |
| Mobility needs |  |
| Medical / Care needs |  |
| Primary concern you would like help with |  |
| Preferred date |  |
| Preferred time  AM-9, 9.30, 10.00, 11.00, 11.30  PM-12.30, 1.00, 1.30, 2.30, 3.00 | First choice-  Second choice-  Third choice- |
| ONE 30 MINUTE SLOT PER PUPIL  **Parent/carer and child/young person agreement to engage**     * **I agree to the school /setting seeking advice and guidance from the STLS Physical Disability/ Complex Medical Needs service.** * **I understand that information on my child’s educational needs may be shared or discussed with other relevant professionals to help me/my child.** * **I understand that minutes will follow from the PD surgery and that the school can share them with me.**   **Print name of parent/principal/main carer**:  **Signature**: **Date:**  **Print name of child/young person:**  Signature of young person: Date:  (if appropriate) | |

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

**2023/24 dates and times**

If you are unable to make a time in your Area; you can request a different time but your local Specilist Teacher may not be present. If you are unable to make any of the dates or need **urgent advice**-please email the form directly to [Kate.Hebson@kent.gov.uk](mailto:Kate.Hebson@kent.gov.uk)

AM-9-12 PM-12.30-3.30

South Surgery- Thurs 21 September (AM), Weds 22nd November (PM), Weds 31 Jan (AM), Thurs 14th March (PM), Weds 24th April (AM), Weds 19th June (PM).

West Surgery- Thurs 28 September (AM), Weds 15th November, Weds 24th Jan (AM), Thurs 21st March (PM), Weds 1st May (AM), Weds 12th June (PM)

East Surgery- Weds 4th October (AM), Thurs 7th December (PM), Thurs 18th Jan (AM), Weds 28th Feb (PM), Thurs 9th May (AM), Thurs 4th July (PM)

North Surgery-Weds 11th October (AM), Thurs 30th November (PM), Thurs 11th JAN (AM), Weds 6th March (PM), Thurs 16th May (AM), Thurs 27th June (PM).