



## HOP REFERRAL FORM

### Application for education provision based on medical or mental health needs.

PART A – School to ask to be completed by **parents/carers** and returned to HOP at [HOP@lewisham.gov.uk](mailto:HOP@lewisham.gov.uk)

#### GENERAL INFORMATION

Child Name:							
DOB:							
Address:							
Name of parent/carer:							
Tel:							
Email:							
Name of GP:							
GP Address:							
GP Tel:							
CAMHS worker: (if applicable)							
CAMHS Tel:							
Consultant/Hospital: (if applicable)							
Consultant Tel:							
Social Worker: (if applicable)							
Social Worker Tel:							
CP	Y/N	CIN	Y/N	R&A	Y/N	CLA	Y/N

Parent view on referral to HOP – What do you hope this will achieve?

Child view on referral to HOP – Why do they want to attend and why?

Please list all of the child's hobbies and interests, and future aspirations, both in and out of school:

ADDITIONAL INFORMATION

Current diagnosis:	
Medication details: (if applicable)	
Medication purpose: (if applicable)	
Are there any health issues and safety concerns, or medical needs that HOP staff should be aware of? Please include details for a risk assessment.	

Please confirm that you consent to this referral being discussed with the NHS CAMHS Clinician within the HOP team: Yes  No   
(If Yes, the clinician may contact you to discuss this further).

Completed by: \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_



## HOP REFERRAL FORM

### Application for education provision based on medical or mental health needs.

PART B – School to ask to be completed by **medical/CAMHS** professional treating young person for the condition that makes them unable to attend school and returned to HOP at [HOP@lewisham.gov.uk](mailto:HOP@lewisham.gov.uk)

Alternatively, a letter from the professional confirming that the young person is unable to attend school can be appended.

Child Name:	
DOB:	
Please outline the current difficulties including any diagnosis:	
How does the child's condition and treatment impact their ability to access mainstream education?	
Other health professional? Y/N	Contact details:

Completed by: \_\_\_\_\_

Role: \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_



## HOP REFERRAL FORM

**Application for education provision based on medical or mental health needs.**

PART C - To be completed by **school** and returned to HOP at [HOP@lewisham.gov.uk](mailto:HOP@lewisham.gov.uk)

Child Name:				
DOB:				
School and Year group:				
First Language: Interpreter needed? Y/N				
SEN? Y/N Details:				
EHCP? Y/N Details:				
EP report? Y/N (if yes please attach) EP name:				
SP&L report? Y/N (if yes please attach) SP&L name:				
Last date child attended:		Attendance % this year:		Attendance % last year:
Anticipated time out of school:			Possible return date:	
Please list child's hobbies, interests and extra-curricular activity:				
Subject	KS2 Level	KS3 Level	Current Level	Target Grade

English				
Maths				
Science				
Exclusions:      Y/N				
Dates:		Reasons:		
Child's strengths at school:		Child's difficulties at school:		
Are there any family/home issues that HOP should be aware of or could impact on the child's education?				

Any further information?

**HOP Mission statement:**

***'At HOP, we are dedicated to ensuring pupils have their access to education preserved as much as the student's illness allows, whilst they are unable to attend mainstream education due to health needs. This is done through supporting and empowering young people, schools, their families, carers and professional networks. Whilst we provide access to the National Curriculum, catering for each pupil's ability and medical needs, there is a strong focus on reintegration as we firmly believe that mainstream school is the best learning environment for all students, to enable them to reach their potential. We aim to offer collaborative and therapeutic support, engaging mainstream schools, to create a plan to address the student's needs, and work towards reintegration as quickly as possible, where appropriate. HOP work closely with mainstream schools, medical staff, Social Care, the education expertise of Lewisham Virtual School and have access to a CAMHS team to ensure a holistic approach.'***

In line with this, referrals to HOP should be the final intervention to reengage young people in mainstream education where there is an evidenced medical reason they are unable to attend. Please provide evidence below that the school has implemented reasonable adjustments to *'ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.'* (Supporting pupils at school with medical conditions, DfE, April 2014)

Description of intervention:	What worked? What didn't work?	Recommended next steps:
Does the child have an IHCP? Y/N (if Yes please attach)	Completed by:	Date completed/last reviewed?

**Please confirm that you have attached medical evidence and evidence of 15 days consecutive non-attendance to the completed referral: Yes  No**

**Please confirm that that the young person is on roll at your school: Yes  No**

Completed by: \_\_\_\_\_

Role: \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_