



# HOP REFERRAL FORM

## Private and Confidential

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

To **complete and sign** the form, schools are required to **download a copy** to PDF (**Ctrl P**).

Part A - Parent / Carer

Part B - Medical / CAMHS

Part C - School

\* Required

## PART A - Parent / Carer

### GENERAL INFORMATION

School to request completion by **Parent/Carer** and returned to HOP at [HOP@lewisham.gov.uk](mailto:HOP@lewisham.gov.uk)

1. Child's Name: \*

2. Date of Birth \*

3. Address: \*

4. School: \*

5. Name of Parent/Carer: \*

6. Phone number \*

7. Email address \*

8. Name of GP: \*

9. GP Address: \*

10. GP Tel: \*

11. CAMHS worker: (if applicable)

12. CAMHS Tel:

13. Consultant/Hospital: (if applicable)

14. Consultant Tel:

15. Social Worker: (if applicable)

16. Team / care status:

CP

CIN

R&A

CLA

17.

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

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

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

## ADDITIONAL INFORMATION

20. Current diagnosis (if applicable):

21. Medication details: (if applicable)

22. Medication purpose: (if applicable)

23. 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

24. Clinician within the HOP team: \*

Yes

No

25. (If Yes, the clinician may contact you to discuss this further).

Signed: \*

26. Date: \*

## PART B - Medical / CAMHS

School to request completion by **Medical/CAMHS** professional working with the young person on the difficulties 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.

**Please note:** If this is regarding mental health there needs to be an open CAMHS referral for HOP support to be considered.

27. Child's Name: \*

28. DOB: \*



29. Please outline the child's current needs — this may be in relation to physical or mental health. Please detail any current medical diagnoses (if applicable), or your working formulation of their needs: \*

30. How do the child's difficulties impact their ability to access their current education provision? \*

31. Would receiving HOP tuition support the current treatment plan/intervention for school reintegration? \*

32. Joined-up working is key to help young people reintegrate into school. Would you be prepared to join TAC, TAF or network meetings about the child's reintegration into school? \*

33. Other health professional? Y/N  
Contact details:

\*

34. Completed by: \*

35. Role: \*



36. If we have parental consent, we will be in touch with you to discuss the program further.

**Signed:** \*

37. Date: \*



## PART C - School

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

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

38. Child's Name: \*

39. DOB: \*



40. Ethnicity: \*

41. FSM? Y/N \*

Yes

No

42. School: \*

43. Year group: \*

44. First Language:  
Interpreter needed? Y/N \*

45. SEN? Y/N  
Details: \*

46. EHCP? Y/N  
Details: \*

47. EP report? Y/N - if yes please send  
to [HOP@lewisham.gov.uk](mailto:HOP@lewisham.gov.uk)  
EP name: \*

48. SP&L report? Y/N - if yes please send to [HOP@lewisham.gov.uk](mailto:HOP@lewisham.gov.uk)  
SP&L name: \*

49. Date child last attended: \*

50. Attendance % this year: \*

51. Attendance % last year: \*

52. Anticipated time out of school: \*

53. Possible return date: \*

54. Please list child's hobbies, interests and extra-curricular activity: \*

## Subjects

KS2 Level - KS3 Level - Current Level - Current Level - Target Grade

55. English: KS2 Level - KS3 Level - Current Level - Current Level - Target Grade \*

56. Maths: KS2 Level - KS3 Level - Current Level - Current Level - Target Grade \*

57. Science: KS2 Level - KS3 Level - Current Level - Current Level - Target Grade \*

58. Exclusions: \*

Yes

No

59. Dates:

60. Reasons:

61. Child's strengths at school: \*

62. Child's difficulties at school: \*

63. Are there any family/home issues that HOP should be aware of or could impact on the child's education? \*

### 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

64. Description of intervention: \*

65. What worked? What didn't work? \*

66. Recommended next steps: \*



**67. Please confirm that you have attached medical evidence and evidence of 15 days consecutive non-attendance to the completed referral:**

Yes

No

**68. Please confirm that that the young person is on roll at your school and will remain so until reintegrated: \***

Yes

No

## Completed by:

69. Name: \*

70. Role: \*

71. **Signed:** \*

72. Date: \*



73. Telephone number: \*

# Thank you

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