



Home Tuition Service Referral

Date of Referral	
Name of Person Making Referral Designation and Contact Details	
Outline of Pupils Diagnosis and Reason for Referral	
Healthcare Professional Name and Contact Details	

Name of Pupil		UPN Number:
Date of Birth	Gender M / F	Year Group
Home Address		
Parent/Carer Name and Contact Details		
Parent/Carer Name and Contact Details		

School Name and Address			
Designated School Contact Name and Contact Details			
Last Date of School Attendance		Attendance Figure	
SEN Status	SEN Support Y / N	EHIC Plan Y / N	Statement Y / N
Actions Taken by School:			
Intervention	Date and Duration	Outcome	

Other Professionals Involved: What actions are currently in place to support the child/young person and who is involved? Please provide as much detail as possible.			
External Agency	Nature of Intervention	Lead Professional	Contact Details
Health e.g. CAMHS, Speech and language, Health Visitor			
Early Help			
Education Welfare			
Education Psychologist			
Social Services			
Police, Young Offenders Service			
Other e.g. Youth Worker, Voluntary Organisations			
General Practitioner			
Other, please detail			

Please complete this form and return to;

Jane Morgan

Acting Assistant Headteacher

Hospital School

Maple Medical Pru

Email: janem@maple.doncaster.sch.uk