

Referral checklist, for those wishing to refer a child to the Hospital & Home Tuition Service.

In order for us to process your referral as quickly as possible, please ensure that the following evidence accompanies the completed **Early Help Assessment Form**.

- |  |                          |
|--|--------------------------|
| Early Help Assessment Form   | <input type="checkbox"/> |
| Supporting medical evidence  | <input type="checkbox"/> |
| Consultant / CAMHS Practitioner / Community Paediatrician referral form HHTS1<br><b>This must NOT be completed by school or General Practitioner</b> | <input type="checkbox"/> |
| Attendance data  | <input type="checkbox"/> |
| Evidence of what the school has done to support the pupil, prior to making the referral  | <input type="checkbox"/> |

Thank you for your time.