

Sandwell Home and Hospital Tuition Service

Whiteheath Education Centre

Initial referral form

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|--|---|
| Pupil`s name | |
| Date of birth | |
| Home address | |
| Parent/carer name and contact number | |
| Year group | |
| School | |
| Named school contact Telephone E-mail | |
| Attendance | % |
| Does the pupil have an EHCP/Statement of SEN? If Yes, how much high needs funding are they allocated per year? | Yes /No |
| Reason for referral (please highlight) | Medical / Social, emotional, mental health |
| Brief details of pupil`s condition | |
| Professional supporting the referral | Medical: GP / Consultant |

| | |
|--|---|
| (please highlight) | SEMH: CAMHS/Shield/Educational Psychologist/Other (please specify) |
| Brief details of strategies used by school to support the pupil | |
| Name of person making the referral and their role | |
| Contact number and e-mail of the person making the referral | |
| Date of referral | |

Once the form is complete please e-mail (password protected) to Amanda Ford:
aford2@whiteheath.org

Referral decision

N.B The referral will be considered within 5 working days and the form will be e-mailed back to the named school contact (password protected)

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|--------------------------|---|
| Referral accepted | <p>Yes – please fill in and return the attached referral form password protected</p> <p>a) we have spaces available on home tuition and /or in the centre</p> <p>b) we currently do not have any spaces available, we will add the pupil to our waiting list</p> <p style="text-align: right;">No</p> |
|--------------------------|---|

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|-----------------------------------|--------------------------------|
| Reasons for non-acceptance | |
| Name | L. Yates (Head teacher) |
| Date | |