**Document Control:**

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| **4** | Updates to:   * Section 1 - Legal framework * Section 4 - Roles and responsibilities of the trustees * Section 5 – Managing absence * Section 6 – Support for pupils   Additions:   * Appendix 2 – Pupils with additional health needs attendance flowchart * Appendix 3 – LA Medical referral form |
| **5** | Updates:   * Section 7 – Reintegration – ensuring plans for long term absentees are developed near the likely return date, so as not to place unsuitable pressure on the pupil in the early stages of absence. |

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**Statement of intent**

The Pennine Trust aims to support the LA and ensure that all pupils who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential.

Due to the nature of their health needs, some pupils may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough.

We understand that we have a continuing role in a pupil’s education whilst they are not attending the school and will work with the LA, healthcare partners and families to ensure that all pupils with medical needs receive the right level of support to enable them to maintain links with their education.

# 1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

* Education Act 1996
* Equality Act 2010
* The UK GDPR
* Data Protection Act 2018
* DfE (2023) ‘Keeping children safe in education 2023’
* DfE (2023) ‘Arranging education for children who cannot attend school because of health needs’
* DfE (2015) ‘Supporting pupils at school with medical conditions’
* DfE (2022) ‘Working together to improve school attendance’

This policy operates in conjunction with the following school policies:

* Trust Attendance Policy
* Child Protection and Safeguarding Policy
* Data Protection Policy
* Special Educational Needs and Disabilities (SEND) Policy
* Supporting Pupils with Medical Conditions Policy

# 2. LA duties

For the purpose of this policy, the LA’s duties when pupils are unable to attend school due to health needs are outlined below. These duties have been included so as to differentiate the responsibilities that lie with the school and those that will be carried out by the LA. The school is not responsible for ensuring that the LA meets its responsibilities – the school’s responsibilities are outlined in the ‘Roles and responsibilities’ section of this policy.

The LA must arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. The school will fulfil its duty to effectively collaborate and communicate with the LA as required.

In line with statutory guidance, the LA should:

* Provide such education as soon as it is clear that a pupil will be away from school for 15 days or more, whether consecutively or cumulatively. They should liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the pupil.
* Ensure the education pupils receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
* Address the needs of individual pupils in arranging provision.
* Have a named officer responsible for the education of pupils with additional health needs and ensure parents know who this is.
* Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.
* Review the provision offered regularly to ensure that it continues to be appropriate for each pupil and that it provides suitable education.
* Have clear policies on the provision of education for children and young people under and over compulsory school age.
* Maintain good links will the schools in its area and put systems in place to promote co-operation between them when children cannot attend due to ill health.

To comply with statutory guidance, the LA should not:

* Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
* Withhold or reduce the provision, or type of provision, for a child because of how much it will cost.
* Have policies based upon the percentage of time a pupil is able to attend school rather than whether the pupil is receiving a suitable education during that attendance.
* Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

# 3. Definitions

**“Children with health needs”** are children of compulsory school age who are unable to attend school as a result of their medical needs. These medical needs include:

* Physical health issues.
* Physical injuries.
* Mental health problems, including anxiety issues.
* Emotional difficulties or school refusal.
* Progressive conditions.
* Terminal illnesses.
* Chronic illnesses.

Children who are unable to attend mainstream education for health reasons may attend any of the following:

* **Hospital school**: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
* **Home tuition**: many LAs have home tuition services that act as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
* **Medical PRUs**: these are LA establishments that provide education for children unable to attend their registered school due to their medical needs.

For the purpose of this policy, **“school-based support”** in relation to supporting pupils with additional health needs may include:

* Day-to-day support offered at school where the pupil is able to attend as normal.
* Support given to pupils who are absent from school because of illness for a period of less than 15 school days, whether consecutive or cumulative.
* Any educational or extra-curricular provision as requested by the LA as part of its arrangements for pupils who cannot attend school full-time, e.g. where the pupil attends school part-time as an arranged part of their full-time education provision.
* As part of their reintegration into normal school attendance following a period of absence or part-time attendance due to health needs.

**“LA-arranged education”,** for the purpose of this policy, is defined as education provision arranged by the LA where the pupil cannot attend school full time due to medical reasons for a period of 15 school days or more, whether consecutive or cumulative.

# 4. Roles and responsibilities

The Trustees are responsible for:

* Ensuring there is a schedule of regular updates on the arrangements made for pupils who cannot attend the school due to their medical needs.
* Ensuring the roles and responsibilities of those involved in any school-based arrangements to support the needs of pupils are clear and understood by all.
* Ensuring robust systems are in place for dealing with health emergencies and critical incidents where a pupil with health needs is able to, or partially able to, attend school and/or extra-curricular activities.
* Ensuring a suitable member of staff is assigned responsibility for the education of pupils with additional health needs to be a point of contact for the LA and parents.
* Ensuring staff with responsibility for supporting pupils with additional health needs are appropriately trained.
* Approving and reviewing this policy on an annual basis.

The headteachers in each school are responsible for:

* Working with the CEO and other key staff to ensure compliance with the relevant statutory duties when supporting pupils with additional health needs.
* Working collaboratively with the LA, parents and other professionals, as necessary, to develop arrangements to meet the needs of pupils.
* Ensuring any school-based arrangements put in place to meet pupils’ health needs are fully understood by all those involved and acted upon.
* Appointing a named member of staff who is responsible for pupils with additional health needs and liaises with parents, pupils, the LA, key workers and others involved in the pupil’s care.
* Ensuring any school-based support put in place focusses on and meets the needs of individual pupils.
* Arranging appropriate training for staff with responsibility for supporting pupils with additional health needs.
* Providing teachers who support pupils with additional health needs with suitable information relating to a pupil’s health condition and the possible effect the condition and/or medication taken has on the pupil.
* Providing annual reports to the board on the effectiveness of any school-based arrangements in place to meet the needs of pupils of pupils who cannot attend school due to health needs. (See Appendix 1)
* Notifying the LA when a pupil is likely to be away from the school for a significant period of time due to their health needs.

The named member of staff is responsible for:

* The management of any pupils registered at the school who are unable to fully attend school because of their health needs.
* Actively monitoring pupil progress and reintegration into school.
* Supplying any LA-arranged education providers with information about pupils’ capabilities, progress and outcomes.
* Liaising with the headteacher, LA-arranged education providers, and parents to help determine pupils’ programmes of study whilst they are absent from school, where necessary.
* Keeping pupils who are being educated by LA-arranged education providers informed about school events and encouraging communication with their peers.
* Providing a link between pupils and their parents, the school, and LA where necessary.

Staff will be responsible for:

* Understanding confidentiality in respect of pupils’ health needs.
* Designing school-based activities, including lessons, in a way that allows pupils with additional health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear evidence-based reason.
* Understanding their role in any school-based support for pupils with additional health needs and ensuring they attend the required training.
* Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of individual pupils’ health needs.
* Keeping parents informed of how their child’s health needs are affecting them whilst in school-based education.

Parents will be expected to:

* Ensure, where school-based provision is in place, the regular and punctual attendance of their child at the school where possible.
* Work in partnership with the school, LA and any LA-arranged provision to ensure the best possible outcomes for their child.
* Notify the school, or the relevant education provider, of the reason for any of their child’s absences without delay.
* Provide the school with sufficient and up-to-date information about their child’s medical needs.
* Attend meetings to discuss how any school-based support, including reintegration, for their child should be planned.

**5. Managing absence**

Parents are required to contact the school on the first day their child is unable to attend due to illness.

Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.

The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days, whether consecutive or cumulative, by liaising with the pupil’s parents to arrange schoolwork, as soon as the pupil is able to cope with it, or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their parents and relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the named member of staff with responsibility for pupils with additional health needs will notify the LA, who will take responsibility for the pupil and their education.

Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the pupil’s absence.

For planned hospital admissions, the appointed named member of staff will liaise with the LA and the hospital education provider as early as possible to discuss the likely admission date and expected length. Plans will be made, where possible, for the educational programme to be followed while the pupil is in hospital.

The LA will set up a personal education plan (PEP) for the pupil which will allow the school, the LA and the provider of the pupil’s education to work together.

The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education other than at school.

The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:

* The pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
* Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age

A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from the GP, even if the LA has become responsible for the pupil’s education.

# 6. Support for pupils

Where a pupil has a complex or long-term health issue, the school will discuss the pupil’s needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the pupil.

Pupils with continuing health needs will need an IHP which will be subject to regular review and assessment. Where the pupil’s needs amount to ongoing SEND, an EHC plan may be more appropriate to meet their long-term needs. Where a pupil has an EHC plan and an IHP, both plans must be reviewed alongside each other, at the same time.

Medical evidence will be used where available to best understand a pupil’s needs and identify the most suitable provision. Where specific medical evidence is not readily available, the school will consider liaising with other medical practitioners and other sources of evidence to ensure appropriate provision can be arranged as soon as possible.

The LA expects the school to support pupils with additional health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to pupils’ programmes of study where medical evidence supports the need for those adjustments.

The school will make reasonable adjustments under pupils’ IHPs, in accordance with the Supporting Pupils with Medical Conditions Policy.

Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.

During a period of absence, the school will work with the provider of the pupil’s education to establish and maintain regular communication and effective outcomes.

Whilst a pupil is away from school, the school will work with the LA to ensure the pupil can successfully remain in touch with their school using the following methods:

* School newsletters
* Emails
* Invitations to school events
* Cards or letters from peers and staff

Where appropriate, the school will provide the pupil’s education provider with relevant information, curriculum materials and resources. The school will work collaboratively between relevant services to ensure continuity of provision and consistency of curriculum.

To help ensure a pupil with additional health needs can attend school following an extended period of absence, the following adaptations will be considered:

* A personalised or part-time timetable, drafted in consultation with the named staff member
* Access to additional support in school
* Online access to the curriculum from home
* Movement of lessons to more accessible rooms
* Places to rest at school
* Special exam arrangements to manage anxiety or fatigue

To help ensure that the right provision is offered and encouraged, the school will ensure that pupils are involved in decision-making as much as possible, in accordance with the pupil’s age and maturity.

Alongside the LA, the provision offered to a pupil will be regularly reviewed by the school to ensure is continues to be appropriate for the pupil’s needs and that suitable education is being provided. The review process will seek input from:

* The pupil
* Parents
* Relevant agencies
* The LA SEND team, where the pupil has an EHC plan

# 7. Reintegration

When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the LA. During a lengthy absence, this plan will be developed near to the likely date of return to avoid putting unsuitable pressure on an ill pupil in the early stages of their absence

The school will work with the LA when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.

As far as possible, the pupil will be able to access the curriculum and materials that they would have used in school.

If appropriate, the school nurse will be involved in the development of the pupil’s reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the pupil.

The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.

For longer absences, the reintegration plan will be developed near to the pupil’s likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.

The school is aware that some pupils will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.

The reintegration plan will include:

* The date for planned reintegration, once known.
* Details of regular meetings to discuss reintegration.
* Details of the named member of staff who has responsibility for the pupil.
* Clearly stated responsibilities and the rights of all those involved.
* Details of social contacts, including the involvement of peers and mentors during the transition period.
* A programme of small goals leading up to reintegration.
* Follow-up procedures.

The school will ensure a welcoming environment is developed and encourage pupils and staff to be positive and proactive during the reintegration period.

Following reintegration, the school will support the LA in seeking feedback from the pupil regarding the effectiveness of the process.

# 8. Scenarios

The following are typical scenarios which schools may face. Suggestions are provided for steps which can be taken by school staff. The scenarios are not exhaustive, and you may find some situations which do not fit a typical pattern.

**1. Significant absence – no medical evidence is available to support the absences**

The pupil has had significant periods of absence from school. Parent(s) say he/she is too ill to attend but no evidence to support this claim has been provided by parents. The reasons provided could be varied, or all along similar lines.

You may need to bear in mind that mental health conditions are often undiagnosed in children and young people, or there may be a significant delay whilst the child awaits an appointment with a mental health practitioner. In these circumstances, evidence of diagnosis may not be available, but parents should be able to demonstrate that they are actively seeking support for the young person.

**2. Significant absence – parent(s) say child is too unwell to attend, some evidence has been provided but is inconsistent in relation to the amount of school which has been missed**

In this scenario, parents will have provided some evidence of illness to the school which supports their claim that their child has been ill. However, the evidence provided does not fully explain or cover the amount of time which the pupil has missed from school. School will have questions regarding amount of time missed from school and will require additional information to inform their next steps.

* Follow strategies as scenario 1, but with greater involvement of the School Nurse in meetings and communication with parents as this medical expertise will help to make decisions regarding appropriateness of absence levels.
* Ensure involvement of a Primary Mental Health Worker if it is apparent that mental health needs are affecting attendance.
* Refer to [DfE guidance on supporting pupils with medical conditions](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf) and consider if an individual healthcare plan is required.

**3. Significant absence from school – appropriate evidence has been provided which confirms that the child is unwell and absence is reasonable**

In this scenario, the time missed from school is reasonable considering the nature of the illness. School is satisfied with the evidence provided by parents and/or other agencies. Or, in the case of mental health needs, if no evidence is available from medical professionals, school may feel satisfied that there is an acceptable reason for absence (school may have carried out the ATTEND assessment, as part of the EBSA support). In either case, school will need to put a plan in place to ensure the pupil receives an appropriate education in view of their medical needs. Consider the following strategies and interventions:

* Meetings – Draw up an individual healthcare plan as per DfE guidance on supporting pupils with medical conditions.
* Involve School Nurse, Primary Mental Health Worker (PMHW) and other specialists, as appropriate.
* Consider Early Help Assessment.
* Involve external agencies as appropriate.
* Make reasonable adjustments at school, eg amendments to timetable and/or provision, reduction in timetable.
* If anxiety related, then could school support with resources? Has school used the EBSA strategy or ATTEND framework for assessment?
* School could contact the PMHW for their area or consider whether the Early Help Assessment process would be appropriate.
* Consider whether school can manage situation within their own resources – eg by offering support within the family home if the child is absent for a prolonged period, such as 1-to-1 tuition, via remote teaching or face-to-face.
* Consider whether there may be a need for external support from the LA in the form of Section 19 provision (contact SAC if unsure).

**4. The child is not attending school due to illness – school is unable to provide appropriate educational provision without additional support**

In this scenario, sufficient evidence will be available regarding the nature of the illness and the reasons why it is impacting on school attendance. It is likely that medical specialists, other involved professionals and school staff, are stating that the school is unable to meet the needs of the child within school and school does not have the resources to provide a bespoke curriculum for the pupil. Consider:

* Meetings (If you have not already done so, draw up an individual healthcare plan as per DfE guidance on supporting pupils with medical conditions).
* Involvement of School Nurse and other specialists to provide evidence and opinion regarding what may be appropriate provision.
* Make enquiries to the LA regarding Section 19 provision on medical grounds (email sssmedicalreferrals@lancashire.gov.uk in the first instance).

# 9. Information sharing

It is essential that all information about pupils with additional health needs is kept up to date.

To protect confidentiality, all information-sharing techniques, e.g. staff noticeboards, will be agreed with the pupil and their parent in advance of being used, in accordance with the Pupil Confidentiality Policy.

All teachers, TAs, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures, via email.

Parents will be made aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, the school will:

* Ensure this policy and other relevant policies are easily available and accessible.
* Provide the pupil and their parents with a copy of the policy on information sharing.
* Ask parents to sign a consent form which clearly details the organisations and individuals that their child’s health information will be shared with, and which methods of sharing will be used.
* Consider how friendship groups and peers may be able to assist pupils with additional health needs.

When a pupil is discharged from hospital or is returning from other education provision, the school will ensure the appropriate information is received to allow for a smooth return to the school. The named member of staff will liaise with the hospital or other tuition service as appropriate.

# 10. Record keeping

In accordance with the Supporting Pupils with Medical Conditions Policy, written records will be kept of all medicines administered to pupils.

Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

All records will be maintained in line with the Data Protection Policy.

# 11. Training

Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required. Training will be sufficient to ensure staff are confident in their ability to support pupils with additional health needs.

Staff will be trained in a timely manner to assist with a pupil’s return to school.

Once a pupil’s return date has been confirmed, staff will be provided with relevant training, ideally one week before the pupil’s anticipated return.

Parents of pupils with additional health needs may provide specific advice but will not be the sole trainer of staff.

# 12. Examinations and assessments

The named member of staff will liaise with the alternative provision provider over planning and examination course requirements where appropriate.

Relevant assessment information will be provided to the alternative provision provider if required.

Awarding bodies may make special arrangements for pupils with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, or LA if more appropriate, as early as possible.

# 13. Monitoring and review

This policy will be reviewed by the CEO on an annual basis.

Any changes to the policy will be clearly communicated to all members of staff involved in supporting pupils with additional health needs, and to parents and pupils themselves.

A picture containing logo

Description automatically generated**Appendix 1**

Report on effectiveness of arrangements in place for pupils who are unable to attend school for 15 days or more due to health needs.

|  |  |  |  |
| --- | --- | --- | --- |
| School name |  | Named officer responsible for pupils with health needs |  |
| Date of report |  |
| No of pupils affected this year |  |

|  |  |  |
| --- | --- | --- |
| **Effectiveness of school systems** | | |
| **Policy commitment** | **Yes/no** | **Notes** |
| Have appropriate written records been kept demonstrating that agreed procedures have been followed? |  |  |
| Has the school notified the LA of all cases where pupils have been unable to attend due to health needs? |  |  |
| Have the LA fulfilled their statutory responsibility to arrange good quality provision for all affected pupils? |  |  |
| Have arrangements for a small sample of pupils been quality assured by the headteacher? |  |  |
| Have staff received appropriate training, where necessary, to support pupils with health needs? |  |  |
| Has there been effective communication and liaison with parents for all pupils absent for 15 days or more with health needs? |  |  |
| Has the school sustained contact with pupils absent from school due to health issues? (e.g. through emails, cards, etc.) |  |  |
| Has the school needed to make adaptations to support any pupils to attend school? |  |  |
| Has the school had clear reintegration plans for all pupils who have been absent for an extended period due to health needs? |  |  |
| Have any pupils completed public examinations at alternative centres as a result of being absent due to health needs? |  |  |
| Has the school sought the views of the pupils and parents/carers when evaluating the effectiveness of provision? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Report completed by |  | On date |  |
| Signed |  | Headteacher |  |

**Appendix 2 – Pupils with additional health needs attendance flowchart**

The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days, whether consecutive or cumulative (within an academic year), by liaising with the pupil’s parent to arrange schoolwork as soon as the pupil is able to cope with it, or part-time education at school.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the named member of staff with responsibility for pupils with additional health needs will notify the LA (Louise Whitaker) (input referral form here), who will take responsibility for the pupil and their education.

Formal stage two

The LA will set up a personal education plan (PEP) for the pupil, which will allow the school, the LA and the provider of the pupil’s education to work together.

Any appropriate referrals to support services or notifications to key workers, such as the pupil’s social worker, should also be considered.

The school will only remove pupils who are unable to attend school because of additional health needs from the school roll where two specific criteria are both met:

* The pupil has been certified by the school’s medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age.
* Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

The school will monitor the pupil’s attendance and mark registers to ensure it is clear whether the pupil is, or should be, receiving education other than at school.

When the pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the LA. For longer absences, the reintegration plan will be developed near to the pupil’s likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parent in the early stages of their absence.

Following reintegration, the school will support the LA in seeking feedback from the pupil regarding the effectiveness of the process.

**Trigger Process**

**Please outline here the trigger process and steps that will be taken to identify pupils who are going to be off for more than 15 school days or have already been off for more than 15 school days due to medical needs.**

**Appendix 3 – Medical referral form**

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Phone: 01772 774263

Fax: 01772 774263

Email: rph@lems.lancs.sch.uk

**Lancashire Hospital Education Service**

Name of Child:

Date of Birth:

Address:

Tel

School

|  |
| --- |
| The young person is housebound and home teaching is required for approximately Weeks |
| Medical Condition |
| Date of Discharge |
| Consultant (This form must be signed by a consultant) |
| Dates of any future appointments |

**Please note that Home Teaching is for pupils who are completely house bound and accessing their mainstream school even on a part time basis is not possible.**

**Home Teaching is always the last option as the best place for a pupil is in their mainstream school.**

Signed: Date: