**Child and Adolescent Mental Health Services**

**Advice to the Local Authority Committee for Intervention of Blackpool Home and Hospital Education Service**

**CPS1 Part 1 - The Student**

| First Name |  | Last Name |  |
| --- | --- | --- | --- |

| Date of Birth |  |
| --- | --- |

| Year Group |  |
| --- | --- |

| Home Address and postcode |  |
| --- | --- |

| Parent/carer name |  |
| --- | --- |

| Parent/carer contact No |  |
| --- | --- |

**CPS1 Part 2 - The School**

| Current School |  |
| --- | --- |

| Date referral received from School to CAMHS |  |
| --- | --- |

| Identified Care Coordinator |  |
| --- | --- |

| Identified diagnosis/detailed nature of health issues specifically in relation to the ability to access school (how does the condition affect learning abilities/social skills/behaviour) |
| --- |
|  |

| Details of current medication/possible side effects |
| --- |
|  |

| Learning environment/strategies requested |
| --- |
| | **1:1** |  | | --- | --- | | **Home tuition** |  | | **Small withdrawal group in own school** |  | | **Specialist tuition centre** |  | |

| **Signed:** | **Date:** |
| --- | --- |
| **Name:** | **Designation:** |

| **To be completed and returned to the referring mainstream school. The advice will inform their decision as to the education provision to be requested.** |
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