

**Referral for Home-based Teaching Programme  
for Compulsory School-age Children who are  
Home-bound for Health Reasons**

To : Intake Office  
Screening, Referral and Placement Unit  
Special Education Services Centre  
Room 201, East Block, 19 Sulfook Road,  
Kowloon Tong

Date : \_\_\_\_\_

Ref. No. : \_\_\_\_\_

Re : Name: \_\_\_\_\_ HKID/BC : \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Guardian's name: \_\_\_\_\_

Relationship with child: \_\_\_\_\_ Contact No.: \_\_\_\_\_

School attending: \_\_\_\_\_ Level: \_\_\_\_\_

I hereby certify that the above-named child is unsuitable for school attendance due to the health reasons but he is suitable for the Home-based Teaching Programme for Compulsory School-age Children who are Home-bound for Health Reasons.

2. Medical diagnosis of the child is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Estimated duration of leave from school as warranted by his health condition:  
\_\_\_\_\_ (months)

Assessed by Medical Officer

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Hospital : \_\_\_\_\_

Tel. No. : \_\_\_\_\_