

Referral Form

| Date:  Childs Details:  Year Group: DOB:  Ethnicity:    School:  Referrers Name:  Pupil Attendance:  Email Details:  Contact Details:  Parent/Carer Details:  Address:  Contact Details:  Do they have PR? |
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| **PEERS:**  (Ability to make & sustain friendships/timeframe of difficulties where problematic) |
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| **NETWORK & SUPPORT**  (Who provides help/support/open to Children’s Services?) |
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| **PREVIOUS HELP**  (What has been tried/what has been helpful/unhelpful) |
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| Does this child have SEN?  Diagnosed:  Under Assessment:  Showing significant traits (please tick the following):   * ADHD * PDA * ASC * Specific Learning Difficulty * SLCN (speech and Language) * Developmental delay * Physical Difficulty * Sensory Issue   Other medical or social Issue (pleased give details): |
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| **Intervention information** (tick all that apply)  *Evidence of interventions may be required* | |
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| **Tier 1** **Interventions** | Brief statement and outcomes: |
| * Internal mentoring |  |
| * Sand Tray |  |
| * Monitoring/Report Card, IEP or equivalent |  |
| * School-based Parenting Support |  |
| * Wellbeing Team |  |
| * Nurture Group |  |
| * Schools Family Support worker |  |
| * Drawing and Talking |  |
| * School Nurse |  |
| * MASH Consultation |  |
| **Tier 2 Interventions** |  |
| * Step 2 involvement |  |
| * Phoenix Centre involvement |  |
| * School Counsellor |  |
| * Wellbeing Team |  |
| * Educational Psychology |  |
| * Rivers ESC involvement |  |
| * ADASH |  |
| * Play / Art Therapy |  |
| **Tier 3 Interventions** |  |
| * Safety Support Plan or RAMP |  |
| * Targeted Youth Services |  |
| * Gangs and Youth Crime |  |
| * CAMHS involvement |  |

| **HISTORY & OBSERVATIONS** Presenting Difficulties:  (Main concerns/when did they begin/occurrence in different situations or settings) |
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| **RISK ASSESSMENT**  (Changes in behaviour/cognitive changes/aggression/offending/self-harm/suicidal/addiction/mood/sleep/appetite) |
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Confirm which assessment tools are attached with this referral:

*(Referrals will be rejected without up to date assessments)*

| Assessment Tools : | 1st assessment | 2nd assessment |
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| SDQ / EWS |  |  |
| RCAD |  |  |
| Boxall Profile |  |  |

| **Parent/Carer Signature:** |  |
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| **Date:** |  |