

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
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| * Sand Tray
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| * Monitoring/Report Card, IEP or equivalent
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| * School-based Parenting Support
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| * Wellbeing Team
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| * Nurture Group
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| * Schools Family Support worker
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| * Drawing and Talking
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| * School Nurse
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| * MASH Consultation
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| **Tier 2 Interventions** |  |
| * Step 2 involvement
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| * Phoenix Centre involvement
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| * School Counsellor
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| * Wellbeing Team
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| * Educational Psychology
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| * Rivers ESC involvement
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| * ADASH
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| * Play / Art Therapy
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| **Tier 3 Interventions** |  |
| * Safety Support Plan or RAMP
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| * Targeted Youth Services
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| * Gangs and Youth Crime
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| * CAMHS involvement
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| **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:** |  |
| --- | --- |
| **Date:** |  |