Strength In Mind
Therapeutic Services

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?

PEERS:
(Ability to make & sustain friendships/timeframe of difficulties where problematic)

If your student is accepted for this space, DSPL4 require feedback and monitoring for each term. If this is not received, they may have to invoice the school for the sessions.

NETWORK & SUPPORT
(Who provides help/support/open to Children's Services?)

PREVIOUS HELP
(What has been tried/what has been helpful/unhelpful)

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*	
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)

Confirm which assessment tools are attached with this referral:

(Referrals will be rejected without up to date assessments)

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

Parent/Carer Signature:	
Date:	

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