

Referral Form

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| Date: Childs Details:Year Group: DOB:Ethnicity:  School:Referrers Name: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 & SUPPORTNetwork & Supports (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* |
| **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 ☐ |  |

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| * HISTORY & OBSERVATIONSPresenting Difficulties: (Main concerns/when did they begin/occurrence in different situations or settings)
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| RISK ASSESSMENTRisk 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)*

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

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