## School Referral Form

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| **Name of child:**  |  | **D.O.B:**  |
| **Year Group:**  | **Class:**  | **School:**  |
| **Ethnicity: White British** | **Home Language:**  |

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| **Background information and reasons for referral:** Please include the reasons for the referral and what you think is the cause of this.  |

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| **What four things do you hope will happen as a result of seeing the Play Therapist?** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

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| **Please give details of any other intervention this child has received and when?** |

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| **Please give details of any diagnosis** (e.g. ADHD), **any medication and/or other medical problems or allergies:** |

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| **Please give details of any other agencies involved with this family:** |

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| **Other information:** |
| **Referred by:** | **Teacher****SENCO** | **Parent** | **Self** | **Other** |
| **Expected levels: (current target from baseline assessment)** | **Numeracy:** | **Reading:** | **Literacy:** |
| **Actual levels:** | **Numeracy:** | **Reading:** | **Literacy:** |
| **Child’s attendance level…** |
| **Details of any exclusions…** |
| **Tick as appropriate:** | **Additional Support** | **Statement** | **Education Health and Care Plan** |
| **Is this child adopted or in the process of adoption?** | **Is this child Fostered?** |
| **Who has parental responsibility?** | **Are all those holding parental responsibility in agreement with therapy?**  |

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| **Is there *an Early Help Notification form* currently open on this child?** (If yes please attach a copy) | **Yes** | **No** |

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| **Signature of Referrer (can be signed electronically):** | **Date:** |

|  |  |  |  |
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| **Parent Interview Date:** | **SENCO Meeting dates:** | **Referrer/Teacher Meeting Dates:** | **Other notes:**  |

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| **Parent consent:** | **Yes** | **No** | **Child consent:** | **Yes** | **No** |

For Therapist: