## School Referral Form (please type into the form. It will expand as you type. If you prefer a form for handwritten input, please ask)

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

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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.* |
| **Has the child had any referrals to CAMHS?** *If yes, please state the outcome or if on Neuropathway waiting list.* |

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| **What four things do you hope will happen as a result of seeing the Play Therapist?** *Please add information of what behaviours the child/young person shows you that caused you to write this hope for them. E.g Improved self-esteem. Billy says he is ‘rubbish’ and hangs is head low. He walks with no confidence and rarely smiles in the classroom.* | |
| **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 SEN Support** | | | | **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, or social services involvement?** (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: