|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A close up of a logo  Description automatically generated | | | | | | **CUBE**  Support Assessment & Referral form | | | | | | | | | | | |
| Working Hours: Monday – Friday 9am-5pm  Children’s work: Mon – Thur 9am – 4pm  You can book directly onto course through the booking link on our website. | | | | | | Contact will be made via phone and email. Please check your junk box if you haven’t received an email after a week. Please be aware that 1:1 support is provided on a case by case basis and is offered during the day. Group work is part of our referral pathway. | | | | | | | | | | | |
| Client Ref No. | |  | | | Date |  | | | CUBE Project | | |  | | | | | |
| Client Name | |  | | | | | | | Age | | |  | | | Gender | |  |
| Address | |  | | | | | | | | | | | | | | | |
| Tel No & Email address | |  | | | | | | | | | | | | | | | |
| Is the client receiving any other support at the moment? | | | | | | | | | | | | |  | | | | |
| Has the client had counselling or therapy before? | | | | | | | | | | | | |  | | | | |
| If yes who | | |  | | | | | For how long | | | | |  | | | | |
| Was it helpful | | |  | | | | | | | | | | | | | | |
| Name of GP |  | | | | | | Surgery |  | | | | | | | | | |
| Details of medication and/or substance use: | | | | | | | | | | | | | | | | | |
| Other Agencies Involved: | | | | | | | | | | | | | | | | | |
| Brief description of current issues: | | | | | | | | | | | | | | | | | |
| What is the client hoping to achieve from support with CUBE: | | | | | | | | | | | | | | | | | |
| Anything other information you feel may help: | | | | | | | | | | | | | | | | | |
| Has the support contract been agreed | | | | | |  | | | | | (Contract will be discussed at first meeting) | | | | | | |
| Are there any Specific Needs | | | |  | | If yes, please specify: | | | | | | | | | | | |
| Referred by | |  | | | | Authorised | | | |  | | | | Date | |  | |

Please complete the below form for your child/ren and send with your referral form to ensure we are providing the best support possible for you and your family

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| has explosive outburst or temper tantrums |  |  |  |  |  |
| gets angry with others |  |  |  |  |  |
| gets into fights |  |  |  |  |  |
| their frustration leads to anger |  |  |  |  |  |
| shows passive aggressive behaviour |  |  |  |  |  |
| directs anger towards self |  |  |  |  |  |
| is destructive or destroys and spoils |  |  |  |  |  |
| If answers range between sometimes and often please book onto our ANGER and ME course. |  |  |  |  |  |
| is often anxious or worried |  |  |  |  |  |
| finds change difficult |  |  |  |  |  |
| fearful, avoidant or disengaged in trying new things |  |  |  |  |  |
| worries about getting things wrong |  |  |  |  |  |
| complains about physical ailments (such as stomach ache etc) |  |  |  |  |  |
| physically flees when overwhelmed |  |  |  |  |  |
| Struggles to engage or concentrate on task when feeling anxious |  |  |  |  |  |
| Get’s defeated easily |  |  |  |  |  |
| Get’s anxious about things that are outside of their control |  |  |  |  |  |
| If answers range between sometimes and often please book onto our ANXIETY and ME course. |  |  |  |  |  |
| able to seek help when stressed or distressed |  |  |  |  |  |
| able to use comfort and reassurance well |  |  |  |  |  |
| able to wait to get needs met, get attention or to take turns |  |  |  |  |  |
| able to tolerate frustrating experiences without getting angry or giving up |  |  |  |  |  |
| feels satisfied with what they have achieved, made or done |  |  |  |  |  |
| likes being noticed and praised |  |  |  |  |  |
| able to appropriately ask for help or for what they need |  |  |  |  |  |
| willing to be taught something new |  |  |  |  |  |
| If the answers above range from sometimes to always we recommend booking onto our POSITIVE ME and WHO AM I courses. |  |  |  |  |  |
| able to express a range of feelings |  |  |  |  |  |
| able to recognise, name and talk about a range of feelings |  |  |  |  |  |
| is aware of bodily needs and physical pain and asks for help when they need it |  |  |  |  |  |
| feels concern if they have hurt someone or someone's feelings |  |  |  |  |  |
| able to give and take, listen and respond to peers |  |  |  |  |  |
| enjoys being friend with other children |  |  |  |  |  |
| If the answers above range from sometimes to always we recommend booking onto our UNDERSTANDING OUR EMOTIONS course |  |  |  |  |  |

Part of our support pathway is accessing group support for children and young people. Often this is the place to start. Sometimes we may offer to start with 1:1’s before joining a group. 1:1’s are delivered during the school day.