

**Initial Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Part 1 - Information about the Young Person** | | | | |
|  | | | | |
| First name(s): | | Surname(s): | | |
| DOB:  Age:  NC Year group:  UPN: | | Gender:  School/Pre-school:  GP Practice: | | |
| Ethnicity: | | If other, please state: | | |
| Name of parent / carer: | | Home address: | | |
| Email of parent / carer: | | Main contact number of parent / carers: | | |
|  |  | | |  |
|  | Details of Referrers: | | |  |
|  |  | | |  |
| Name of referrer:  Job title:  Agency: | | Address: | | |
| Email for referrer:  Email for invoice:  Email for attendance: | | Main contact number: | | |
|  | | | | |
| **Current family situation and concerns in school** | | | | |
|  | | | | |
| Comment here: | | | Current photo: IMPORTANT! | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Relationship** | **Address**  (if different from above) | **DOB**  (for children only) | **Gender**  (for children only) | **School** (for children only) | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  | . |  | |  |  |  |  |  |  |   Additional family members: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Part 2** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Other agencies involved.** Please give details and include other information | | | | | | | | | | |
| Agency/ link name | | | | Contact details | Date | | Detail of involvement | | | |
|  | | | |  |  | |  | | | |
| Is this young person known to Social care? | | | | NO | YES  IF SO THEN CP / CIN? | | | | | |
|  | | | | | | | | | | |
| **Risk factors.** Please tick if any of the following factors affect this child or young person | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | **Present** | | |  | | **Present** | | |
| Alcohol | | |  | | | Behavioural  Difficulties | |  | | |
| Anxiety | | |  | | | Known to CAMHS | |  | | |
| Attention Deficit Disorder | | |  | | | Child Exploitation | |  | | |
| Autism | | |  | | | Depression/low  mood | |  | | |
| Domestic Abuse | | |  | | | School absence <90% | |  | | |
| Drugs | | |  | | | School absence anxiety | |  | | |
| Exclusion from school | | |  | | | Self-Harm | |  | | |
| Family functioning | | |  | | | Sensory Impairment | |  | | |
| Female Genital Mutilation | | |  | | | Suicide Attempts | |  | | |
| Learning Difficulty | | |  | | | Unemployment  (adult) | |  | | |
| Medical issues | | |  | | | Youth Offending | |  | | |
| Physical Disability | | |  | | | At risk of offending | |  | | |
| Radicalisation | | |  | | | Young Carer | |  | | |
| Risk to Others | | |  | | | 16/17 Homelessness | |  | | |
| Other (please state) | | | enter text. | | | Honour-based violence | |  | | |
|  |  | | | | | | | | |
|  | **Latest academic information:** | | | | | | | | |
|  |  | | | | | | | | |
|  | Reading age: |  | | | | | | | |
|  | Spelling age: |  | | | | | | | |
|  | Maths level: |  | | | | | | | |
|  | English level: |  | | | | | | | |
|  | Science level: |  | | | | | | | |
|  | Other information including options chosen at GCSE if applicable: |  | | | | | | | |
|  | | | | | | | | |
| **Special Educational Needs:** | | | | | | | | |
|  | | | | | | | | |
| Does your child have an Education Health Care Plan? | | | | | | | | |
| If so, then please enclose a copy. | | | | | | | | |

***\*\*\*IMPORTANT PLEASE ATTACH LATEST ACADEMIC REPORT, RISK ASSESSMENT AND LATEST BOXALL PROFILE\*\*\****

***(NB we are unable to process the referral without these documents)***

Does your child have any current / pending diagnoses?

medication?

**Child/ Young Persons Questionnaire**

Name Date

How did you feel last week? Circle the number that fits how you felt.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | **on one day** | **on a few days** | **most days** | **every day** |
| a | I felt happy | 1 | 2 | 3 | 4 | 5 |
| b | I felt sad | 1 | 2 | 3 | 4 | 5 |
| c | I enjoyed my school work | 1 | 2 | 3 | 4 | 5 |
| d | I had no-one to play with/hang out with | 1 | 2 | 3 | 4 | 5 |
| e | I had lots of energy | 1 | 2 | 3 | 4 | 5 |
| f | I kept waking up in the night | 1 | 2 | 3 | 4 | 5 |
| g | I got on with my friends and family | 1 | 2 | 3 | 4 | 5 |
| h | I felt good about myself | 1 | 2 | 3 | 4 | 5 |

Did anyone help you answer these questions?

If yes, please write the name of the person that helped you:

Name of referrer:

Date completed:

Date of initial meeting if occurred:

Start date and proposed timetable:

Additional information:

INDIVIDUAL STUDENT RISK ASSESSMENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STUDENT NAME |  | KEY STAGE |  | DATE OF BIRTH |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BEHAVIOUR  Type of behaviour | FREQUENCY  H – Hourly  D – Daily  W – Weekly  O – Occasionally  R – Rarely  N - Never | HAZARD  (Potential for harm)  0 = Never  1 = Minimal  2 = Moderate  3 = Significant  4 = Extreme (all the time) | PROBABILITY  (Likelihood of harm)  0 = Never  1 = Improbable  2 = Possible  3 = Probable  4 = Likely | LEVEL OF RISK  (Hazard x Probability = Level of risk)  0 = Never  1 = Low  6 = Medium  16 = High | OPINION OR KNOWLEDGE  K = knowledge  O = Opinion |
| Self Harm |  |  |  |  |  |
| Bullying |  |  |  |  |  |
| Abusive or violent language |  |  |  |  |  |
| Sexually abusing/inappropriate behaviour |  |  |  |  |  |
| Violent/Aggressive/Intimidating behaviour |  |  |  |  |  |
| Impulsive dangerous behaviour |  |  |  |  |  |
| Substance/Alcohol misuse |  |  |  |  |  |
| Offensive on a basis of  Gender/Race/Religion/Disability or Sexuality  (*please highlight as appropriate*) |  |  |  |  |  |
|  |  |  |  |  |  |
| Absconding/Absence |  |  |  |  |  |
| Damage to property |  |  |  |  |  |
| Offending behaviour  *(eg theft)* |  |  |  |  |  |
| Carrying/Use of weapons |  |  |  |  |  |
| Vulnerable to bullying |  |  |  |  |  |
| Mental health difficulties |  |  |  |  |  |
| Additional information/comments: | | | | | |