

**Initial Referral Form**

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|  |
| **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 | YESIF SO THEN CP / CIN? |
|  |
| **Risk factors.** Please tick if any of the following factors affect this child or young person |
|  |
|  | **Present** |  | **Present** |
| Alcohol |   | BehaviouralDifficulties |   |
| Anxiety |   | Known to CAMHS |   |
| Attention Deficit Disorder |   | Child Exploitation |   |
| Autism |   | Depression/lowmood |   |
| 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 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BEHAVIOURType of behaviour | FREQUENCYH – HourlyD – DailyW – WeeklyO – OccasionallyR – RarelyN - Never | HAZARD(Potential for harm)0 = Never1 = Minimal2 = Moderate3 = Significant4 = Extreme (all the time) | PROBABILITY(Likelihood of harm)0 = Never1 = Improbable2 = Possible3 = Probable4 = Likely | LEVEL OF RISK(Hazard x Probability = Level of risk)0 = Never1 = Low6 = Medium16 = High | OPINION OR KNOWLEDGEK = knowledgeO = 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 ofGender/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: |