

Please complete the referral form below if you would like support or advice for a child or young person who might be struggling with their emotional wellbeing.

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| **Child’s Name** |  | **DOB** |  |
| **Name of School, or Educational Establishment.***(Please name the school that the child is currently registered to, attended last, or was last registered to, if de-registered.)* |  |

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| **Your Name** |  | **Relationship to Child** |  |
| **Email Address** |  | **Contact number (opt)** |  |
| **Home Address** |  |

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| **What is going well for the child? (e.g. Academic, social, emotional, goals and ambitions etc.)** |
| **What are you concerns about the child?** |

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| **The child is currently** | **(place X in the box)** |
| Attending School Full time, with support |  |
| Attending School Full time, no support |  |
| Attending School on a reduced timetable |  |
| Attending School on a managed phased Return |  |
| Not Attending School, Home based support |  |
| Not Attending School, No Support |  |
| Attending an Alternative Provision |  |
| Awaiting a place in an Alternative Provision |  |
| De-registered from School |  |
| Other: |

|  |  |
| --- | --- |
| **How long has the child been impacted by difficulties attending school** | **(place X in the box)** |
| Starting to show difficulties |  |
| 1 – 6 Months |  |
| 6 – 12 Months |  |
| 12 – 18 Months |  |
| Over 18 Months |  |
| Other: |
| **Additional Comments:** |

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| **How would you describe the child** | **(place X in the box)** |
| Neurodivergent (diagnosed) |  |
| Neurodivergent (undiagnosed) |  |
| Mild-Learning Difficulties |  |
| Profound-Learning Difficulties |  |
| Mental Health Needs |  |
| Behavioural Needs |  |
| Looked After |  |
| Other |  |
| **Additional Comments:**  |

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| **What support is in place, or has been in place in the past?** |
| **Do you have any additional information to add, if not already mentioned?** |

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| **Name** |  |
| **Date** |  |
| **Signature** |  |

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| Would you be willing for your information to be used for research purposes, with specific details changed to keep anonymity (name, age, schools, location etc.). You can change your mind at a later date if necessary. You can speak to DASH Mental Health, Wellbeing & Behaviour about this if you are unsure.  | Yes |
| No |
| Would you be happy for any information collected through assessments and questionnaires to be used as research. Specific details will be changed to keep anonymity (name, age, schools, location etc.). You can change your mind at a later date if necessary. You can speak to DASH Mental Health, Wellbeing & Behaviour about this if you are unsure.  | Yes |
| No |
| If you are responded yes to the above, please create your own unique identifier using the following format: Last two letters of your surname and the day and month of your date of birth in a 4 digit format. eg. Jones October 5th would be ES0510 |  |
| The following section is just for survey purpose. It is looking at specific factors around you and your child. Adverse Childhood Experiences (ACEs) are:* Physical abuse.
* Sexual Abuse.
* Emotional Abuse.
* Physical Neglect.
* Emotional Neglect.
* Living with someone who abused drugs/alcohol.
* Exposure to domestic violence.
* Living with someone who has gone to prison.
* Living with someone with serious mental illness.
* Parental Divorce/Separation.

(put an x in the relevant box) |
| Care experienced |  |
| Young Carer |  |
| Free School Meals |  |
| 1 to 3 ACEs |  |
| Over 4 ACEs |  |
| Trauma |  |
| Currently under CAMHS |  |
| Discharged from CAMHS |  |