FOR OFFICE USE ONLY

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| DATE RECEIVED: | DATE DBQ SENT: | DBQ RECEIVED: | DATE ALLOCATED: |

**Outreach & Therapeutic Services Referral Form**

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| Outreach |  | Sandy Souls (£) |  | Drawing & Talking (£) |  |
| Protective Behaviours |  | Emotional Literacy Support Assistant (ELSA) (£) |  | Counselling (£) |  |
| Advice & Strategies  |   | Transition SupportKS1-2, KS2-3 . Please specify schools if known  |   |
| Other, please specify |   |

(£) denotes a costed service – please confirm funding prior to referral.

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| **Learner** |
| Surname |  | Forenames |  |
| Pronoun |  | Preferred name |  | Year group |  | % Attendance |  |
| Gender |  | Date of Birth |  |

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|  |
| **Who is referring?** | **Google (please tick)** |  | **Microsoft (please tick)** |  |
| School | Contact Name | Position |
|  |  |  |
| Contact Number | Email Address | Date |
|  |  |  |
| **Additional school contacts e.g. Head of Year/House, Class Teacher.** |
| **Name** | **Email** |
|  |  |
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| **Reason for the referrral?** |  |
| **Desired outcomes** |  |
| **Learner strengths** |  |

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| **What school based action has been taken to reduce the behaviours causing concern?** |
|  | Behaviour | Support | Outcome |
| Tier 1 |  | **APDR cycle, small group work,buddy system, mentoring, behaviour analysis, anxiety mapping** |  |
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| Tier 2 |  | **1:1 support, RRP, Therapeutic Tree, Pastoral support, PSW, LSP, FSW** |  |
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| **Suspensions this academic year (please give details of fixed term suspensions).** |
| Date | Reasons for Suspension | Fixed Term (days) |
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| Has the earner previously been permanently excluded? |  | Date |  |

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| **Academic history** |
| Schools | From | To | Reason for move |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
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| **Learner’s details** |
| Primary address | Secondary address |
|   |   |
| Postcode:  |  | Postcode:  |  |
| Behaviour points |  | Achievement points |  | Number of days lost to suspension |   |
| **Additional information** |
| Free school meals ? |  | Pupil premium? |  | 1:1 support? |  | LHNF (yes/no)? |  | If yes, start date. |  |
| Is this a Child Looked After? |  | CP/CIN |  | EHCP (Yes/No/In progress) ? |   | EHM/TAF? |  |
| Any diagnoses? (please specify) |   |
| Has the learner had any previous DESC interventions? Y/N/Unknown |
|   |

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| **Parent/carer details** |
| Full name: | Address:(if different from the young person) | Relationship to learner | Parental responsibility |
|  |  |  |  |
| Contact Number | Email |
|  |  |
| Full name: | Address:(if different from the young person) | Relationship to learner | Parental responsibilityFirst language: |
|  |  |  |  |
| Contact Number  | Email |
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| **Family composition/significant others** |
| Full name  | Address, Postcode, and Tel  | DOB if known  | Relationship to young person named overleaf  |
|  |  |  |  |
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| **Additional Support?** |
| --- |
|  | Current | Historic | Worker / Contact Details |
| CAMHS |  |  |  |
| EP |  |  |  |
| Childrens Services |  |  |  |
| Intensive Families Support Team |  |  |  |
| Pupil Support Worker |  |  |  |
| Attendance Officer |  |  |  |
| Other (please list) |  |  |  |

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| PSP  | Y/N |   |
| Therapeutic Plan | Y/N  |   |

If yes, please attach.

**Additional information (if required).**

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| **Parent/carer permissions - Required** |
| Name: | Relationship to learner: | Signature: | Date: |
|  |  |  |  |
| Learner signature (where appropriate) | Comments: |
|  |  |

Please return to referrals@desc.herts.sch.uk .

Please ensure all relevant sections are completed. Failure to do so will result in the form being returned for additional information.