FOR OFFICE USE ONLY

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

**Outreach & Therapeutic Services Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outreach |  | Sandy Souls (£) | |  | Drawing & Talking (£) |  |
| Protective Behaviours |  | Emotional Literacy Support Assistant (ELSA) (£) | |  | Counselling (£) |  |
| Advice & Strategies |  | Transition Support  KS1-2, 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, Roots & Fruits, 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 learner 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 responsibility  First 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 |  |
| Risk Management 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](mailto: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.