**Play Therapy Referral Form**

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| Pupil Surname: |  |
| Pupil Forename(s): |  | Sex: | [ ]  Female [ ]  Male |
| Date of Birth: |  | NC Year: |  | UPN: |  |
| Parent(s)/ Carer(s) name: |  |
| Address: |  |
| Telephone Number: |  |
| Parent(s)/ Carer(s) Email: |  |
| If Parents/ Carers live separately, please provide additional contact details if different to the above |
| Parent(s)/ Carer(s) name: |  |
| Address: |  |
| Telephone Number: |  |
| Parent(s)/ Carer(s) Email: |  |
| Who has Parental Responsibility? |  | Is pupil LAC or P-LAC? | [ ]  Yes [ ]  No |
| Is the pupil being prepared for adoption? | ☐ Yes ☐ No | Is the pupil adopted? | ☐ Yes ☐ No if yes, when? |
| School Name: |  |
| School Postcode: |  | Telephone Number: |  | Attendance (%): |  |
| SENDCo Email address: |  |
| SENDCo Name: |  | Class Teacher/ Form Tutor: |  |
| Timings of the school day: | Start of day: Morning break: Lunchtime:  | Assembly: End of day:  |

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| **Booking details – Service required:** |
| Initial Assessment of need and report (mandatory) |[ ]
| Therapy sessions (no of sessions required is detailed in the initial report. Each session includes approx. 45 mins direct contact and 45 mins planning and reporting |[ ]
| Training and support  |[ ]

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| Please outline the areas of concern: the reason for the referral, any relevant background information, what you think the causes of this may be? |
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| Are there any days of the week when the pupil is unavailable? |
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| Is the pupil accessing a reduced timetable or alternative provision? If so, please provide details of days, times and venue if applicable: |
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| Are there any dates that need to be avoided? E.g., SATs; Teacher training days; Educational visits? |
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| Please comment on the pupil’s attendance and provide details of any exclusions: |
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| Is there an early help notification form currently open for the pupil? If yes, please attach a copy |
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| Has the pupil been subject to a child protection plan, child in need, or strategy meeting? If so, under what category? i.e., emotional, neglect, physical, sexual  |
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| **Additional information:** |
| 1. Does the pupil have any medical conditions? E.g., epilepsy, cerebral palsy etc.
 | ☐ Yes☐ No |
| *If you have answered yes to question 1, please provide further details:*  |
| 1. Does the pupil take any medication?
 | ☐ Yes☐ No |
| *If you have answered yes to question 2, please provide further details:* |
| 1. Does the pupil have any allergies?
 | ☐ Yes☐ No |
| *If you have answered yes to question 3, please provide further details:* |
| 1. Diagnoses (please select all that apply):
 | [ ]  ADHD[ ]  ASC[ ]  Dyscalculia[ ]  Dyslexia[ ]  Dyspraxia[ ]  None[ ]  Other (please specify):  |
| 1. Does the pupil have reading or writing difficulties?
 | ☐ Yes☐ No |
| *If you have answered yes to question 5, please provide further details:*  |
| 1. Does the pupil wear glasses?
 | ☐ Yes (*if yes, please ensure they have them on the day of the assessment*)☐ No |
| 1. Does the pupil wear hearing aids?
 | ☐ Yes (*if yes, please ensure they have them on the day of the assessment*)☐ No |

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| **Please indicate the pupil’s status regarding the SEN Code of Practice:** |
| Has SEND | ☐ Yes☐ No |
| SEND Support – Graduated Approach | ☐ Yes☐ No |
| Integrated Assessment requested | ☐ Yes☐ No |
| EHCP | ☐ Yes☐ No |
| In process of applying for an EHCP | ☐ Yes☐ No |
| Is the pupil on the Umbrella Pathway?  | ☐ Yes☐ No |
| If yes, please provide the date when the Umbrella Pathway referral was accepted:  |
| Please state what involvement the Umbrella Pathway have had so far:  |

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| **Please indicate which services are involved with the pupil (e.g., Educational Psychology; OT etc.,):**  |
| Professional Agency | Name of professional  | Date(s) of involvement | Report attached  |
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| Please provide details of any other therapeutic interventions the pupil is receiving or has received and when (e.g., Thrive, Nurture groups, counselling etc.,): |
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| **Additional pupil Information (where relevant):** |
| Current IEP/ Provision map |[ ]
| Most recent reports from other agencies |[ ]
| SAT results and Teacher Assessment Levels |[ ]
| Any recent observation by class teacher/ SENDCo/ HoY |[ ]
| Any other reports that may be relevant  |[ ]

*Please note in* ***all*** *cases, Parental Consent (PR) must be obtained* ***prior*** *to’ SEND Services for your School’ become involved. It is the commissioning school’s responsibility to obtain this. Please ensure that this has been done before returning this form. Please be advised that photographs may be used as part of the assessment and these will be stored securely in line with GDPR regulations. Reports may be shared, as required, with other appropriate specialists within the Service (e.g., SALT). Further information about how ‘SEND Services for your School’ will use the data contained on this form can be found by clicking on the following link:* [*https://www.chadsgroveschool.org.uk/web/policies/189312*](https://www.chadsgroveschool.org.uk/web/policies/189312)

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| **By signing below, you are confirming:** |
| That Parental Consent (PR) has been obtained and consent has been given for ‘SEND Services for *your* School’ to support the pupil(s) named on this referral form |
| Signature of person commissioning support: |  |
| Name (in capitals):  |  |
| Role in school: |  |
| Date: |  |

Please return via:

**Worcestershire County Council Children’s Services Portal –** select named individual – TERESA HAMILTON or via **Egress** - schoolsupportservices@chadsgrove.worcs.sch.uk

SEND Services for Your School

Meadow Road

Catshill

Bromsgrove

Worcestershire

B61 0JL

Tel: 01527 877262

Email: schoolsupportservices@chadsgrove.worcs.sch.uk

Website: <https://www.chadsgroveschool.org.uk>

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| Twitter new 2023 X logo on white background vector | @chadsupportteam  |