FOR OFFICE USE ONLY

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| DATE RECEIVED: | DATE BOXALL SENT: | DATE ALLOCATED: |

**Outreach Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outreach |  | Protective Behaviours | |  | Drawing & Talking |  |
| Mindfulness |  | Counselling | |  | Mental Health Worker |  |
| Advice & Strategies |  | Transition Support  KS1-2, KS2-3  Please specify schools if known | |  | | |
| Other, please specify | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | | | | | | | |
| Surname |  | | | Forenames | |  | |
| Gender |  | Date of Birth |  | Year group |  | % Attendance |  |

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| **Who is referring?** | | |
| School | Contact Name | Position |
|  |  |  |
| Contact Number | Email Address | Date |
|  |  |  |

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| **What is the main reason for the referrral?** |  |

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| **Student’s details** | | | | | | | | | | | |
| Primary address | | | | | Secondary address | | | | | | |
|  | | | | |  | | | | | | |
| Postcode: |  | | | | Postcode: | |  | | | | |
| Behaviour points |  | Achievement points |  | | Number of days lost to exclusion | |  | | | | |
| **Does the student receive …** | | | | | | | | | | | |
| Free school meals ? |  | Pupil premium? |  | 1:1 support? | |  | ENF (yes  /no)? |  | If yes, start date. | |  |
| Is this a Child Looked After? |  | CP/CIN |  | EHCP  (Yes/No/In progress) ? | | **……** | | EHM/TAF? | |  | |
| Previous DESC intervention? | | | | | | | | | | | |
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| **Parent/carer details** | | | | | |
| Full name: | Address:  (if different from the young person) | DOB | Gender | Parental responsibility | First language: |
|  |  |  |  |  |  |
| Contact Number 1 | Contact number 2 | Email | | | |
|  |  |  | | | |
| Full name: | Address:  (if different from the young person) | DOB | Gender | Parental responsibility | First language: |
|  |  |  |  |  |  |
| Contact Number 1 | Contact number 2 | 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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| **Who is working with the young person/family?** | | | |
| --- | --- | --- | --- |
|  | Y/N | Active (Y/N) | Worker / Contact Details |
| CAMHS |  |  |  |
| EP |  |  |  |
| Social Worker |  |  |  |
| Intensive Families First |  |  |  |
| Family Support Worker |  |  |  |
| Attendance Officer |  |  |  |
| Other (please list)  e.g. Gade Family Services/Woodfield.CAT |  |  |  |

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| **Please complete this section if an EHM has been completed** | | | | | | |
| On this young person (Y/N) | |  | | | Date: |  |
| On another young person in the Family/Household (Y/N) | |  | | | Date: |  |
| Is the EHM active? (Yes/No) |  | | | | | |
| Name of Lead Professional: |  | | Email: |  | | |

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| **Academic history** | | | |
| Schools | From | To | Reason for move |
|  |  |  |  |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Exclusions this academic year (please give details of fixed term exclusions).** | | | |
| Date | Reasons for exclusion | Fixed Term (days) | Permanent |
|  |  |  |  |
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| What are the desired outcomes? |  |
| Strengths: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What school based action has been taken to reduce the behaviours causing concern?** | | | |
|  | Behaviour | Support | Outcome |
| Tier 1 |  |  |  |
| Tier 2 |  |  |  |

|  |  |
| --- | --- |
| PSP | DETAILS: |
| Risk Management Plan | DETAILS: |

**Additional information (if required).**

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| **Permissions** | | | |
| Name: | Relationship to young person: | Signature: | Date: |
|  |  |  |  |
| Young person signature: | Comments: | | |
|  |  | | |

Please return to either [referrals@desc.herts.sch.uk](mailto:referrals@desc.herts.sch.uk) or by post to:

**Referrals Administration**

**30 Tenzing Road  
Hemel Hempstead  
Hertfordshire  
HP2 4HS**