

10.Referrer

Referred by..... Agency/relation to child/young person etc.

Address

.....

..... Postcode..... Tel.....

Signature..... Designation.....

Date.

Method of Transfer of Communication to C & F S C .

(Tel/Fax/Letter)

**11.Reason for Enquiry/Referral/Request for Service:
(use separate sheet in necessary)**

Enquiry Type Code

Name of staff member taking this referral

Signature Date ____ / ____ / ____

12.Feedback to Referrer. (To provide acknowledgement of Referral and Feedback)

NameSignature.....Date..... /..... /.....

13. Further Referral Action:

Practice note: Ensure this referral is collated with previous referrals or files

No further action

Provision of information and advice

Referral to other agencies

(please state which) ↓

.....
Initial assessment (to be completed within 7 working days)

Party Category Priority Code A B C D

Reason for Further Action (Stated Issues)

Stated Issue Code(s)

What further assessments are to take place?

Receiving Worker Name

Signature

Date ____/____/____

Team Manager's Comments

.....
.....
.....

Team Manager's Name

Signature

Date ____/____/____

Appendix 1

Please answer all questions in Appendix 1 giving as much detail as possible.

1. Have you discussed your concerns with the family/parents? Yes/No

2. If you answer no, why not?

3. Why are you referring this child?

4. Why are you referring now?

5. What are your main concerns?

6. What are the child's strengths?

7. What are the family's strengths?

8. What is the likely impact of this referral for the child and family?

If you are referring from Health, please complete Appendix 2

If you are referring from Education, please complete Appendix 3

If you are referring from any other agency, please answer any relevant questions for which you have further information.

Appendix 2

For referrals from Health professionals

Please answer all questions giving a brief overview.

1. Does this child have health/developmental needs?

2. Does the child's parent or other family member have health needs?

3. Are there concerns about parenting capacity?

4. Are there any environmental issues contributing to the child's needs?

5 Please add any other information which may be useful.

Signature

Date

Name (Please PRINT)

Designation

Contact details

Appendix 3

For referrals from Education professionals

Please answer as many questions as possible giving a brief overview. Continue on separate sheet if necessary or attach relevant school documents.

1. Please comment on attendance/punctuality.
2. Are there any concerns about general health of the child? Please describe
3. Is the child cared for, clean and well presented?
4. Does the child have friends in school? How does s/he relate to peers?
5. How does the child respond or relate to adults? Is there any difference between male and female adults?
6. Are the parents supportive? Do they attend parents' evenings, school events, engage in meetings or help with rewards/sanctions?
7. Does the child do his/her homework?
8. What are the child's attainments?
9. Does the child have any special educational needs? Does s/he have an individual education plan (IEP)? How are needs supported?
10. Does the child have any behavioural difficulties? Does s/he have a pastoral support programme (PSP)?
11. Has the child been excluded from school? Give details.
12. What is the likely educational impact of this referral?
13. What other educational services are aware of this child?

Signature

Date

Name (Please PRINT)

Designation

Contact details