

**To be completed by Class Teacher :-**

|  |  |                        |  |
|--|--|------------------------|--|
| <b>Pupil Name :</b>  |  | <b>Date :</b>          |  |
| <b>Year Group :</b>  |  | <b>Teacher/Tutor :</b> |  |
| <b>Vulnerable Groups:</b> (please highlight) <b>SEN/EAL/PPG/CP/Att</b> |  |                        |  |

| <b>Other People in household (if known):</b> |            |                     |   |
|--|------------|---------------------|---|
| <b>Name</b>                                  | <b>Age</b> | <b>Relationship</b> | <b>Sex</b>  |
|  |            |                     | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |
|  |            |                     | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |
|  |            |                     | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |
|  |            |                     | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |
|  |            |                     | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |
|  |            |                     | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |

**Other Professionals involved (Please tick box) :-**

|           |                          |              |                          |            |                          |            |                          |            |                          |              |                          |                    |                          |
|-----------|--------------------------|--------------|--------------------------|------------|--------------------------|------------|--------------------------|------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|
| <b>EP</b> | <input type="checkbox"/> | <b>CAMHS</b> | <input type="checkbox"/> | <b>FRS</b> | <input type="checkbox"/> | <b>EWO</b> | <input type="checkbox"/> | <b>YOT</b> | <input type="checkbox"/> | <b>Other</b> | <input type="checkbox"/> | <b>Social Care</b> | <input type="checkbox"/> |
|-----------|--------------------------|--------------|--------------------------|------------|--------------------------|------------|--------------------------|------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|

|   |
|---|
| <p><b><u>Who has requested referral?</u> Parent/teacher/PC team/EHA/CAMHS/EP/EWO</b><br/> <b><u>Parental consent to talk/work with child given?</u> Yes/No</b></p> <p><b><u>Reasons for Referral:</u></b></p> |
| <p><b><u>What aspects of the young person's behaviours/anxieties are you concerned about?</u></b></p>   |
| <p><b><u>What is the impact of the behaviour (on the family, on the young person, school)?</u></b></p>  |
| <p><b><u>Desired outcome/target of intervention:</u></b></p>  |
| <p><b><u>What strategies are already in place/have been tried?</u></b></p>  |

Referrer's signature:

Date:

|   |             |
|---|-------------|
| <b>To be completed by pastoral care team</b>    |             |
| Suggested outcome/action:                       |             |
| Signpost to designated professional: .....      | Date: ..... |
| Parent informed of action (if necessary) Yes/No | Date: ..... |
| Teacher informed of action Yes/No (how)         | Date: ..... |
| (Attach elsa tick list if needed)               |             |

