

<b>Name of child:</b>		<b>M/F</b>	<b>D.O.B:</b>
<b>Year Group:</b>	<b>Class:</b>		<b>School:</b>
<b>Ethnicity:</b>			<b>Home Language:</b>

**Background information and reasons for referral:** Please include the reasons for the referral and what you think is the cause of this.

**What four things do you hope will happen as a result of seeing the Play Therapist?**

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	

**Please give details of any other intervention this child has received and when?**

**Please give details of any diagnosis (e.g. ADHD), any medication and/or other medical problems or allergies:**

**Please give details of any other agencies involved with this family:**

**Other information:**

<b>Referred by:</b>	<b>Teacher</b>	<b>Parent</b>	<b>Self</b>	<b>Other</b>
<b>Expected levels:</b> (current target from	<b>Numeracy:</b>	<b>Reading:</b>	<b>Literacy:</b>	

baseline assessment)			
Actual levels:	Numeracy:	Reading:	Literacy:
Child's attendance level...			
Details of any exclusions...			
Tick as appropriate:	Additional Support	Statement	Education Health and Care Plan
Is this child adopted or in the process of adoption?		Is this child Fostered?	
Who has parental responsibility?		Are all those holding parental responsibility in agreement with therapy? Yes No	

Is there an <i>Early Help Notification form</i> currently open for this child? (If yes please attach a copy)	Yes	No
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Name and Signature of Referrer:	Date:
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Parent Interview Date:	SENCO Meeting dates:	Referrer/Teacher Meeting Dates:	Play Therapist Name: <i>Ursula Cisa</i>
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Parent consent:	Yes	No	Child consent:	Yes	No
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