



# Worplesdon Primary School – Pastoral Support Parent Referral Form

This form is to be used when **making a referral** that requires a response from the pastoral support team (Home School Link Workers, SENDCo, Inclusion Lead, Designated Safeguarding Lead). Please complete as much of the form as possible to ensure a quick and appropriate response.

### Referral Completed by: *(details of person making the referral)*

Name of referrer:	Relationship to child:
Address:	
Email:	
Date of Referral:	Telephone:

### 1. CHILD/YOUNG PERSON DETAILS

Last Name	First Name	DoB	SEN	EAL	Address (if different to above)

### 2. FAMILY COMPOSITION AT HOME (who is living with child/young person)

Last Name	First Name	Relationship to Child	Age	SEN	EAL

### 3. Other professionals involved (GP/paediatrician, CAMHS, Children’s Services)

Name	Job Title	Date of involvement	Reason for involvement	Contact details

### 4. Reason for Referral

Please tick all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Dramatic change in behaviour | <input type="checkbox"/> Perfectionist     | <input type="checkbox"/> Makes Odd Sounds        |
| <input type="checkbox"/> Worries/anxious              | <input type="checkbox"/> Aggression/Anger  | <input type="checkbox"/> Stealing                |
| <input type="checkbox"/> Daydreams/fantasizes         | <input type="checkbox"/> Swearing          | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Grief                        | <input type="checkbox"/> Fighting          | <input type="checkbox"/> Sexual Acting Out       |
| <input type="checkbox"/> Fears                        | <input type="checkbox"/> Lying             | <input type="checkbox"/> Peer Relationships      |
| <input type="checkbox"/> Sadness                      | <input type="checkbox"/> Bullying          | <input type="checkbox"/> Social Skills           |
| <input type="checkbox"/> Always tired                 | <input type="checkbox"/> Disrespectful     | <input type="checkbox"/> Personal Hygiene        |
| <input type="checkbox"/> Motivation                   | <input type="checkbox"/> Defiant           | <input type="checkbox"/> Family Concerns         |
| <input type="checkbox"/> Inattentive                  | <input type="checkbox"/> Self-harms        | <input type="checkbox"/> Poor academic progress  |
| <input type="checkbox"/> Withdrawn                    | <input type="checkbox"/> Impulsive         | <input type="checkbox"/> Absences                |
| <input type="checkbox"/> Cries easily for age         | <input type="checkbox"/> Over Active       | <input type="checkbox"/> Poor organisation       |
| <input type="checkbox"/> Self image/confidence        | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Other _____             |



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**What are you worried about?** *How long has the problem presented? What changes have you noticed?*

**How bad is the situation?** Rate on a scale of 1-10 where 1=mild, 5/6 = moderate and 9/10 =severe

**What has happened in the past?** *Any major trauma / events in family / school / social life?*

**What is working well?** *Support within/outside of school, activities that help/support*

**What is not working well?** *Are there triggers? Lack of resources?*

### 5. Previous involvement

**What early help support/interventions have already been offered by school and/or other agencies and what were the outcomes?**

### Parental consent

I understand that details given in this referral form may need to be shared with members of the pastoral and safeguarding team and other outside professionals such as CAMHS, Behaviour Support & Educational Psychologist

Signed:

Date:

Please return this form to the School Office for the attention of Mrs Earl-Smith (SENDCo) alternatively email to: [learlsmith@worplesdon.surrey.sch.uk](mailto:learlsmith@worplesdon.surrey.sch.uk)