**Details of young person;**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name: | | | School: | | Year Group: |
| Date of birth: | | | | | |
| Sex: Male  Female  Does the young person identify as above? Yes  No  (if no, please state) | | | | | |
| Home Tel: | | | | | |
| Mobile: | | | | | |
| Email address: | | | | | |
| Address:  Postcode: | | | | | |
| Relevant adults: | PR | Relationship to student: | | Contact details (if different from above): | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
| Siblings: | | Date of birth: | | Education establishment attended (if applicable): | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |

**Details of School contacts;**

|  |  |  |
| --- | --- | --- |
| Point of contact for ASW: | Position: | |
| Email: | ***This person to update ASW with all relevant student information in time for meetings*** | |
| DSL name: | | |
| Contact Tel: | Email: | |
| Does the school use My Concern? Yes  No |  | |
| Parents/Carers informed of this referral? Verbally  In writing | | Date: |

**Details of other agencies involved (if known);**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Role and agency name: | Contact details if known | Involvement: | |
| Previous | Current |
|  | PFSA |  |  |  |
|  | FIS |  |  |  |
|  | Neurodevelopmental Pathway |  |  |  |
|  | CSC |  |  |  |
|  | Mental Health |  |  |  |
|  | CAMHS |  |  |  |
|  | School nurse |  |  |  |
|  | Other | (please state) | | |
|  |  |  |  |  |
|  |  |  |  |  |

**Please give details of relevant issues/current areas of concern/any historical information of relevance.**

Has this young person been referred to TAS Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Current attendance: |  | Positive logs: |  |
| Behaviour logs: |  | Number of suspensions: |  |

**Desired outcome for the young person;**

|  |
| --- |
| Specific targets required in school to achieve desired outcome: (must be measurable) |
| *For example ‘Student X will reduce the number of referrals to the head of year across the course of the week’* |

|  |  |
| --- | --- |
| Form completed by: | |
| Role: | Date: |

**What happens next?**

Please ensure all sections of the form are fully completed in order to be processed. It is essential that parents/carers are aware of this request for involvement.

Please return completed forms to office@ssps.org.uk they will be triaged weekly and a member of the team will be in contact with the referrer to explain next steps.