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|-------------------|----------------|---------|
| Child's initials: | Date of birth: | Gender: |
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Play Therapy Referral form

Please fill in and return to:

Email:

Post:

Reason for referral

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| Please describe the behaviour(s) that concerns you: |
| What do you think is the cause of the behaviour? |
| What four things do you hope will happen as a result of seeing the Play Therapist? |
| Any other professionals involved? |
| Does the child have a Common Assessment Framework ? <i>Please attach a copy.</i> |
| Does the child have extra support at school? <i>In what capacity?</i> |
| Any other information? |

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Child/young person's details

| | |
|---|----------------------|
| Parent(s)/carer's name: | Referrer name: |
| Child's home address: | Referrers address: |
| Home telephone: | Telephone: |
| Mobile: | Email: |
| Family Status: | |
| What is the child's cultural background? | |
| Is the child subject to a Child Protection Plan ? <i>Please state category:</i> | |
| Is the child a Looked after child ? <i>Type of placement:</i> | |
| School address: | Teachers name: |
| | Child's school year: |
| Telephone number: | School's email: |
| Is the child aware of what has been written? | |
| Parent/carer signature: | Date: |
| Referrer signature: | Date: |