

Referral form

Please complete and return to ella@futuresinmind.org

Child's initials:

Date of birth:

School year group and class:

Reason for referral:

<p>Please list the behavioural and/or emotional issues/concerns that lead you to believe the child could benefit from play therapy.</p>	
<p>When did these issues/concerns begin (approximate date)?</p>	
<p>Please indicate what you believe to be the cause of these issues/concerns.</p>	

Child's family status:

Who lives at home with the child? Please list adults and siblings (relationship and ages of children)	
Any recent changes in the child's family status?	
Any other relevant information:	

Additional support/professional involvement:

	YES	NO
Are there any other professionals involved? If yes, please list		
Does the child receive extra support at school? If yes, in what capacity?		

N.B. The play therapist will need to discuss the referral information with their clinical supervisor. If the referral is deemed to be appropriate and within the play therapist's level of competence, they will set up an initial assessment with the parent/carer of the child and meet with the class teacher. Once these meetings have taken place, the play therapist will discuss the information that has been shared with their clinical supervisor. If the referral continues to be appropriate i.e., no additional information has emerged which would make it inappropriate, then the play therapist will complete a lesson observation where appropriate and then meet the child to assess the child's suitability for play therapy.