Art Therapists Collective

www.arttherapistscollective.co.uk

CHILD & YOUNG PERSON REFERRAL FORM

TO BE FILLED IN BY THE REFFERER

Date of Referral:	Child/ Young person's Name:
Cultural Background:	Date of Birth/Age:
Year Group/ Academic Class:	Class Teacher:
Reason for referral:	Presenting difficulties at school:
External agencies involved with the individual (past and present):	Presenting difficulties at home:
Relationship with peers:	Attitudes toward staff:
Significant life events:	Does the individual or any of their family member have a learning disability, health issue or diagnosis?:

CONTINUED ON OTHER SIDE

Extended family history and structure (including siblings, extended family): **Please indicate clearly those presently living within the household**	
Outcome hope for:	
Other relevant information:	
Referred by:	Position in organisation:
Signed:	**Dated:**