

### Referral form

|   |          |                |          |
|---|----------|----------------|----------|
| Child/young person: <i>Child C</i>  |          | Date of Birth: |          |
| Class/tutor group:  |          | Year group:    |          |
| Referrer information: <i>Mr Curtis</i>  |          |                |          |
| Attainment:   | Subject: | Subject:       | Subject: |
| <p>Other assessments/data:<br/> <i>Child C's assessment is attached. She has been seen by CAMHS and diagnosed with avoidant attachment difficulties.</i></p> <p style="text-align: center;"><b>Please attach a completed Social and Emotional Skills Assessment</b></p>   |          |                |          |
| <p>Presenting problems:<br/> <i>Whatever we try in the classroom, no one is able to build a relationship with Child C. We've tried 1:1 time with pastoral and support staff, but she does what she can to finish their sessions quickly and get back to the classrooms. Academically Child C engages with tasks set at her level and gets on with them independently.</i></p> |          |                |          |
| <p>Previous interventions/threshold (what have you tried, how did it go):<br/> <i>None needed apart from time with support and pastoral staff.</i></p>  |          |                |          |
| <p>Parents/carers view:<br/> <i>Child C's mother has no idea how to get through to her, but is proud as she is "a good little worker".</i></p>  |          |                |          |
| Any other information:  |          |                |          |