

Referral form

Child: <i>Child C</i>	Date of Birth:
Referrer information: <i>Richard</i>	
Attainment:	
<p>Other assessments/data: <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;">Please attach a completed Social and Emotional Skills Assessment</p>	
<p>Presenting problems: <i>Whatever we try, no one is able to build a relationship with Child C. We've tried 1:1 time, but she does what she can to go and play with others. Child C engages with activities and gets on with them independently.</i></p>	
<p>Previous interventions/threshold (what have you tried, how did it go): <i>None needed apart from time with staff.</i></p>	
<p>Parents/carers view: <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>	
<p>Any other information:</p>	