

Referral Form for Play Therapy



As used by schools
Please amend according to your referrer

Name of child:		M/F	D.O.B:
Year Group:	Class:		School:
Ethnicity:			Home Language:
Contact Details for the child			
Key strengths of the child			
Preferred activities			

Background information and family circumstances, reasons for referral and when concerns began, impact on learning and relationships: Please include the reasons for the referral and what you think is the cause of this.

What four things do you hope will happen because of seeing the Play Therapist?

1.	
2.	
3.	
4.	



Please give details of any other intervention this child has received and when.

Please give details of any diagnosis (e.g. ADHD), any medication and/or other medical problems or allergies:

Please give details of any other agencies involved with this family:

Other information:				
Referred by:	Teacher	Parent	Self	Other
Expected levels: (current target from baseline assessment)	Numeracy:	Reading:	Literacy:	
Actual levels:	Numeracy:	Reading:	Literacy:	
Child's attendance level...				
Details of any exclusions...				
Tick as appropriate:	Additional Support		Statement	Education Health and Care Plan



Is this child adopted or in the process of adoption?	Is this child Fostered?
Who has parental responsibility?	Are all those holding parental responsibility in agreement with therapy? Yes No
Data protection: Information stored confidentiality and in line with GDPR	
Preferred location	
Accessibility needs or safeguarding concerns	
Days/times suitable for sessions	
Child's voice: 'What would you like help with?'	

Is there an Early Help Notification form currently open on this child? (If yes please attach a copy)	Yes	No
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Signature of Referrer:	Date:
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Parent Interview Date:	SENCO Meeting dates:		Referrer/Teacher Meeting Dates:	Trainee Play Therapist's Name:	
Parent consent:	Yes	No	Child consent:	Yes	No
Parental Consent: Name		Date		Signature	