



For GDPR compliance only April 2020 amended forms will be accepted.

SEMH/Behaviour Support Referral Form

SCHOOL INFORMATION

Name of School _____ Post Code _____

SENCo/Key Person _____ Email: _____

Head Teacher _____ School Contact No. _____

PUPIL INFORMATION

Full Name _____ DOB __/__/____

Attendance % _____ Gender M/F _____ Ethnicity _____

Key Stage _____ Year _____

SEN Status EHCP/ SEN Support Pupil Premium Yes/No Looked After Child Yes/No

Name of Parent/Carer _____

Home Address _____
Postcode _____

Home Telephone Number _____ Mobile Number _____

Referrals MUST have parental consent signed before submission

Parental consent

I agree for my child to be referred to the Woodlands Outreach Service in order to complete an initial assessment and for any subsequent review visits. I agree to be present if a Woodlands Advisory Teacher carries out any work in a virtual setting online with my child.

I am aware that I may withdraw this consent at any time by contacting Woodlands Outreach Service in writing or by email to outreach@woodlandscentre.org

I confirm that I have read and agree with the following statement regarding data protection:

Information gained from this intervention will be held in secure storage within the Woodlands Centre. The Advisory Teacher will have direct working access to the information but will disseminate information to those colleagues who work with the child on a confidential basis. Parents can at any time request to see the contents of any Woodlands Outreach Service report given 5 working days' notice. Documents will be held in archive for 9 years after the pupil will have left school, after which time they will be securely destroyed. .

I agree for information on my child to be shared with other agencies as appropriate.

Signature of Parent/Carer _____

Name (print)

Date:



Please include details and reports (if applicable) from any other agency involvement e.g. EPS, Bee U (Kooth, Beam, Healios, Young People and Families Mental Health Service – please specify), LACT, Early Help (Enhance, Targeted Youth Services, Strengthening Families etc. - please specify), TMBSS, SALT, OT.

Organisation	Date of last report/appointment	Report Included

Any medical or other relevant background information:

Position in family (please list parents then children with the oldest

Parent/Carers' views/contribution: -

What does the child/young person do well? Please include interests and strengths

-
-
-
-

Child/young person's views/contribution:-

Please list the members of staff who currently work with the child/young person Teacher, TA/Key Worker, Learning Mentor, SENCO, etc:-



Current situation (What are your concerns? Please be as specific as possible.)

Strategies & approaches used (Describe any strategies that have already been tried to change the situation, including whole school/setting, class and individual approaches. Please state how effective they have been.)

Desired outcomes (Describe what the situation will be like when things are better than they are now. How will you know that your plan has been successful? How do you want things to change?)



Please tick the appropriate box on the following scale in each section

1 – No cause for concern, 2 – Mild cause for concern, 3 – Serious cause for concern

Academic Behaviour

A	1	2	3		1	2	3
1. Follow written instructions				6. Follow verbal instructions			
2. Settle to work				7. Work independently			
3. Produce written work				8. Take part in practical activities			
4. Take part in discussion work				9. Work well in a group			
5. Complete tasks				10. Good work presentation			
				11. Needing immediate adult attention			

Rules and Routines

B	1	2	3		1	2	3
1. Follow the classroom rules				6. Giving out materials			
2. Entry into the classroom				7. Moving to the carpet			
3. Hanging belongings in the cloakroom				8. Moving from the carpet			
4. Start activities when asked				9. Changing for PE			
5. Finish activities when asked				10. Leaving the classroom			

Disruptive Classroom Behaviour

C	1	2	3		1	2	3
1. Taps or bangs on the table				6. Moves furniture			
2. Calls or shouts out to the teacher				7. Inappropriate comments to teacher			
3. Talks or shouts to other pupils				8. Muttering to self			
4. Sings inappropriately				9. Whistles inappropriately			
5. Makes noises/mimics				10. Giggles inappropriately			

Place/Seat Behaviour

D	1	2	3		1	2	3
1. Rocks or turns around on seat				6. Sits inappropriately on seat			
2. Shuffles around on seat				7. Gets up out of seat			
3. Changes seat				8. Moves away from seat			
4. Runs around the room				9. Crawls under tables			
5. Makes noise with feet				10. Climbs on chairs/tables			



Aggressive Behaviour

E Relationship with other pupils	1	2	3		1	2	3
1. Hits/thumps other pupils				9. Takes other pupil's property			
2. Kicks other pupils				10. Blames other pupils			
3. Pushes other pupils				11. Throws items at other pupils			
4. Trips up other pupils				12. Entices other pupils into aggressive/threatening behaviour			
5. Bites other pupils				13. Eats/takes other pupil's food			
6. Scratches other pupils				14. Verbally aggressive to other pupils			
7. Pinches other pupils				15. Physically threatens other pupils			
8. Damages other pupil's property				16. Scribbles marks other's work			

F Relationship with teachers	1	2	3		1	2	3
1. Argues with the teacher				6. Uses inappropriate gestures			
2. Hits out at the teacher				7. Spits at the teacher			
3. Uses 'back chat' to the teacher				8. Uses offensive language			
4. Verbally threatens the teacher				9. Throws equipment/books/small items			
5. Physically threatens the teacher				10. Scribbles/writes on work			
				11. Damages teacher's property			

Emotional and Social Behaviours

G	1	2	3		1	2	3
1. Not popular/disliked by others in school				10. Anxious of /rejects new things/situations			
2. Often worried				11. Very fussy or particular			
3. Tends to be solitary				12. Over possessive over belongings			
4. Loses temper easily				13. Obsessive (certain subjects)			
5. Irritable				14. Apathetic/passive			
6. Appears unhappy/distressed				15. Distraught/tearful on arrival at school			
7. Sucks thumb/fingers				16. Leaves the school/school grounds			
8. Chews clothes/ other items				17. School refusal			
9. Unable to form suitable relationships with other pupils				18. Uncontrolled unpredictable outbursts			



Involvement Request (Please tick the box to indicate the level of support required)

Covid 19 Virtual Pupil Assessments – please indicate the option you require			
Solution Focussed Consultation (1 session)	<input type="checkbox"/>	Screening Assessment (1 session)	<input type="checkbox"/>
Plan do Review Consultation (1 session)	<input type="checkbox"/>	Return to school Package (1 or 2 sessions – please indicate)	<input type="checkbox"/>
Parent/Carer Support (1 session)	<input type="checkbox"/>		<input type="checkbox"/>

Please read the guidance below and then indicate which assessment/report you would like to request. If you require further information and guidance, please contact our office.

Full SEMH/Behaviour Assessment (2 sessions)	
Assessment and Full Report	Criteria Guidance
<p>A comprehensive assessment/report including:</p> <ul style="list-style-type: none"> • Observations within the school/setting environment. • Analysis of observations to identify possible triggers, calmers/motivators, purpose/function of behaviours and/or potential underlying causes for presenting behaviours/SEMH needs. • Child/student voice – discussion/play based session (dependent upon age/developmental stage), which may include: <ol style="list-style-type: none"> 1. Views and wishes 2. Scaling of feelings 3. Structured conversation 4. Completion of informal or formal SEMH assessments • Parent/carers voice – a discussion focusing on concerns, desired outcomes, early childhood experiences and developmental background, strengths and interests etc. • Staff voice – a discussion to expand upon information given in referral form. • Combining all of the above discussions, assessments and information to provide practical, personalised and evidence based recommendations aiming to improve outcomes for children/young people. 	<ul style="list-style-type: none"> • <u>High level</u> of concerning behaviours displayed (consider internal as well as external) – impacting upon learning, emotional health and wellbeing etc. • Several risk factors for emotional wellbeing and/or mental health needs. • Risk of fixed term exclusions and/or permanent exclusion. • Looked after child/young person. • Child Protection concerns/involvement from relevant services. • Previous breakdowns in placements. • Queries regarding possible underlying causes for behaviours, e.g. ADHD, anxiety, trauma, etc. • Desired outcome to request whether a referral to Bee-U/Young People and Families Mental Health Service is appropriate. • Graduated Support Plan/EHCP in place or considering request. • Highly personalised strategies/recommendations required. <p>Please tick if this assessment/visit is required</p> <div style="text-align: right;"><input type="checkbox"/></div>



Plan Do Review Consultation (1 session)	
Visit and PDR Consultation Record	Criteria Guidance
<p>A short focused visit including:</p> <ul style="list-style-type: none"> • Child/student voice – a 1:1 discussion/play based session (dependent upon age/developmental stage) to gain views and wishes. • Parent/carer voice - a discussion focusing on concerns, desired outcomes, strengths etc. • Staff voice – a discussion to expand upon information given in referral form. • Short observation of child/young person. • Analysis of <u>information provided by school</u> such as previously completed ABC logs, CPOMMS etc. This information must be provided with the referral. • Combining all of the above information to provide SMART outcomes to inform the plan-do-review cycle of assessment. <p><i>The recommended use of this model is for schools/settings to book a second PDR Consultation visit following a cycle of assess, plan do review to evaluate progress and provide further advice and recommendations.</i></p>	<ul style="list-style-type: none"> • Moderate level of need. • Behaviours and/or SEMH needs beginning to impact negatively upon learning and/or emotional health and wellbeing. • Strategies and recommendations needed to prevent further escalation in concerns. <p>Please tick if this assessment/visit is required</p> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> </div>