

Derbyshire Behaviour Support Service Referral Form

Personal Details:

Name of Pupil:			
Date of Birth:			
Year Group:			
School:			
Name and role of person completing form:			
Contact number:			
Email address:			
Date form completed:			
Gender:	Male	Female	Other
SEND Code of Practice:	None	SEN Support	EHCP

Funding the referral:

Funding Type	Please Select:	End Date:
Purchased Funding:		
EHCP: (Please attach document)		
In receipt of TAPS: (Please give end date)		
In receipt of GRIP: (Please give end date)		
In receipt of INCLUSION FUND: (Please give end date)		
Attendance %:		CiC?
Part-time timetable?		FSM?
Number of Fixed Term Exclusions?		Risk of Permanent Exclusion?

Diagnosis?	
-------------------	--

Other Agencies Involved

Name:	Organisation:	Contact Details:

Is progress in the below measures satisfactory?

Academic:		Social Interaction:	
Behaviour:		Engagement in Learning:	

Social, Emotional, Mental Health and Behaviour Needs

Outline the **strengths** of the child or young person and areas where progress have been made:

Outline key **areas of concern** regarding the child/young person's social, emotional, mental health and/or behavioural difficulties:

What are the **strategies** currently in place to address the social, emotional, mental health and/or behavioural difficulties listed above? *(Please attach a provision map, if possible)*

Parent Carer Permission

Any parent / carer concerns or comments?

--

Parental / carer permission for referral:	Yes	No
Name of parent / carer:		
Parent / carer signature:		
Who permission was given to?		

Please complete ALL sections of the form if there are any blank boxes this will delay the process.

Any supporting documents to be attached as separate files please.

1. Rename the completed form as **8301234_BSSfaosuzannbanks20170622**
2. Upload to BSS via school secure area on Derbyshire SchoolsNet 'Perspective Lite'

Any queries, please contact:

Admin (South): 01629 532512 (office mobile: 07500 127614) - Suzann Banks
Admin (North): 01629 537280 (office mobile: 07917 266302) - Rachael Voutsinas

For Office Use Only:

Date resumed referral received:	
Date school notified receipt resumed referral:	
Date inputted on BSS referral spreadsheet:	
PSS Number:	
PSS & E File:	