

Derbyshire Engagement Service Referral Form

Provision

Please tick the appropriate box or boxes below to indicate which provision you wish to refer the child or young person to:

Positive Play:		Nurture:		Outdoor:	
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School Details:

Name of Referrer:	
Role in School:	
Date form completed:	
School:	
Contact number:	
Email address:	

Child Information:

Name of Pupil:			
Date of Birth:			
Year Group:			
Gender:	Male	Female	Other
SEND Code of Practice:	<div style="display: flex; justify-content: space-between;"> <div>SEND Inclusion Funding</div> <div>EHCP Other</div> </div>		
Attendance %:		CiC:	
Part-time timetable:		FSM:	
Number of Suspensions:		Risk of Permanent Exclusion?	

Referral

Reason for referral:
Diagnosis:

Please tick all that apply:

ADHD:		Elective Mute:	
Anxiety:		Family Break-up:	
Autism:		Family Crisis:	
Bereavement / Loss:		Self-Harming:	
Bullying:		Sibling Rivalry:	
Depression:		Social Skills:	
Disability / Health Issues:		Transition:	
Drug / Alcohol:		Withdrawn:	

	Yes/No	Please List:
Allergies:		
Dietary Requirements:		

Other Agencies Involved:

Name:	Team:	Contact Details:

Is progress in the following 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 in the previous questions? (Please attach a provision map, if possible)

Parent/Carer Permission

Please include any parent / carer concerns, or comments:

Parent/Carer permission for referral:	Yes	No
Which member of staff was permission given to?		
Name of parent / carer:		
Parent / Carer signature:		
Photograph Permission: If you provide permission, please note photographs featuring your child may be used as part of marketing materials on Derbyshire County Council Websites or official Engagement Service documents.		
Video Permission: If you provide permission, please note photographs featuring your child may be used as part of marketing materials on Derbyshire County Council Websites or official Engagement Service documents.		

To Return:

Please complete all relevant sections of the form & where appropriate attach SEMH Assessment Tool data (this will speed up the process).

Rename the referral form to: 830xxxx_ENGAGEfaojoshaw20250304 (date in reverse) (Referral Form)

830xxxx_ENGAGEfaojoshaw**b**20250304 (date in reverse) (Assessment)

(xxxx = your school DfE number)

Any supporting documents to be attached as separate files please.

Contact Details:

For any queries, please contact:

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