** Phoenix Club**

Referral Form

Please complete the form below with as much detail as possible as this will help to develop a programme of support which is tailored to meet the needs of the child.

Child’s Name: Class:

Staff Member referring:

Parent referring:

Date of referral meeting:

Hopes for the programme. What would you like to be the outcome? Please Include:

* Parent, Staff and Child’s views (where appropriate)

Reason for referral. Please include:

* Views of the parent / staff member and child (where appropriate) Include information about the needs of the child in school and also at home.
* Results of the Leuven Scale assessment
* Is there any SEND support in place which would need consideration?