



# Referral form

Please answer all questions using BLOCK CAPITALS

Child's details	
First name	
Surname	
Age	Date of birth
School year	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Language spoken at home	
Religion	
Home address	
Telephone (home)	Mobile
Is this a single parent household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the child's main carer/s	
Name	Relationship to child
Name	Relationship to child
Who else is involved in the child's upbringing, e.g. child's father, mother's partner?	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify which language	
Have you told the child's parent/carer about this programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's race/ethnicity	
Please tick the relevant box	
<b>White</b>	
<input type="checkbox"/> British	
<input type="checkbox"/> Irish	
<input type="checkbox"/> Other (specify)	
<b>Black or Black British</b>	
<input type="checkbox"/> Caribbean	
<input type="checkbox"/> African	
<input type="checkbox"/> Other (specify)	
<b>Mixed</b>	
<input type="checkbox"/> White and Caribbean	
<input type="checkbox"/> White and Black African	
<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Other (specify)	
<b>Asian or Asian British</b>	
<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Chinese	
<b>Other Ethnicity</b>	
<input type="checkbox"/> Specify	

Please outline your reasons for making this referral and give any other relevant information. Use additional sheets if necessary.

Referrer's details	
Name	Position
Agency	
Address	
Telephone	E-mail
Name and address of child's school if different from above	
Name of child's class teacher if different from above	
Name of social worker	
Email	
Telephone*	
Fax*	

For office use only		
Date referral received		
Meets criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Result of risk assessment		
<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> Inconclusive
Score	PS	
Date referrer informed of assessment result		
Date allocated to staff member		

\*Please state best time to call/fax

### Child/family background

Is the child or family known to social services? If yes, please give details

Child protection plan       Looked after children       Fostering   
Children in need       Family support worker       Drugs and alcohol       Other \_\_\_\_\_

Is the child or family known to Educational Welfare?  Yes  No  Don't know

Does the Child/Family Consultation Service know the child/family?  Yes  No  Don't know

Is the child or family known to the probation service?  Yes  No  Don't know

Are our mentors/staff at risk of danger or abuse from family members or their associates? If yes, please give details.  Yes  No  Don't know

### Home-life

Do any members of the child's family have a criminal history?  Yes  No  Don't know

Do any members of the child's family have a problem with addiction?  Yes  No  Don't know

Do any of the child's friends have a negative influence on him or her?  Yes  No  Don't know

How consistent is the parent/carer's supervision of the child?

Very poor  Poor  Below average  Average  Good  Very good  Don't know

Please rate the parent/carer's attitude to the supervision or safety of the child

Very poor  Poor  Below average  Average  Good  Very good  Don't know

How stable is the child's background/family situation?

Very poor  Poor  Below average  Average  Good  Very good  Don't know

Please rate the child's relationship with his or her mother

Very poor  Poor  Below average  Average  Good  Very good  Don't know

Please rate the child's relationship with his or her father

Very poor  Poor  Below average  Average  Good  Very good  Don't know

### School-life

Does the child have attention deficit/hyperactivity disorder?  Yes  No  Don't know

Has the child been excluded from school?  Yes  No  Don't know

For how many days was the child excluded in the last school year?

Does the child have special education needs? If yes, please give details  Yes  No  Don't know

Does the child have a Statement of Needs?  Yes  No  Don't know

Does the child receive free school meals due to low family income?  Yes  No  Don't know

Please rate the parent/carer's relationship with the school

Very poor  Poor  Below average  Average  Good  Very good  Don't know

Please rate the child's academic record

Very poor  Poor  Below average  Average  Good  Very good  Don't know

Please rate the child's school attendance record

Very poor  Poor  Below average  Average  Good  Very good  Don't know

Please state the reasons for any frequent or prolonged absences from school

Truancy  Illness  Don't know  Other (please specify)

**Goodman Strengths and Difficulties Questionnaire (SDQ)**  
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Please rate the child's behaviour over the last six months, or over the current school year, by ticking one box in each row.

	Not true	Somewhat true	Certainly true	Office
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shares readily with other children (treats, toys, pencils, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of person who completed this SDQ \_\_\_\_\_

Position \_\_\_\_\_

Child's name \_\_\_\_\_ Date \_\_\_\_\_



**For office use only**

Please circle your response

<b>PP</b>	(       )	A (5–10)	B (4)	N (0–3)
<b>ES</b>	(       )	A (6–10)	B (5)	N (0–4)
<b>CP</b>	(       )	A (4–10)	B (3)	N (0–2)
<b>HA</b>	(       )	A (7–10)	B (6)	N (0–5)
<b>Total</b>	(       )	A (16–40)	B (12–15)	N (0–11)
<b>PS</b>	(       )	A (0–4)	B (5)	N (6–10)

Scored by \_\_\_\_\_ Date \_\_\_\_\_

Meets criteria       Yes       No

Monitoring information entered on database by \_\_\_\_\_

Follow up information taken and attached here by \_\_\_\_\_

Notes

**Please return your completed referral form to:**

**Chance UK  
Second Floor, London Fashion Centre  
89 – 93 Fonthill Road  
London N4 3JH**

**Fax: 020 7281 4402**