

## Derbyshire Engagement Service Pupil Referral Form

### School Details:

Name of referrer and role in school:	
Date form completed:	
School:	
Contact number:	
Email address:	

### Child Details:

Name of pupil:			
Date of Birth:			
Year Group:			
Gender:	Male	Female	Other
SEND Code of Practice:	SEND:	EHC Plan:	
	Inclusion Support:	LAVC:	

### Referral:

Reason for Referral:

**Please tick all that apply:**

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Withdrawn: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

**Attendance:**

<b>Attendance %:</b>		<b>At Risk of Exclusion:</b>	
<b>Part-Time Timetable:</b>		<b>CIC:</b>	
<b>Number of Fixed Term Exclusions:</b>			

**Parent Carer Permission**

**Any parent / carer concerns or comments?**

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**Parental / carer permission for referral:**

Yes

No

**Which member of staff was permission given to?**

**Name of parent / carer:**

**Parent / carer signature:**

**To Return:****Once complete, rename the referral form to:**

830nnnn\_PLAYfaosuzannbanksr20230426 (date in reverse) (Referral Form)

830nnnn\_PLAYfaosuzannbanksb20230426 (date in reverse) (Boxall)

(nnnn = your school DfE number)

Upload to PLAY via school secure area on Perspective Lite.

**Contact Information:**

For any queries, please contact:

Sharon Urben - 01246 862854 - [Sharon.Urben@derbyshire.gov.uk](mailto:Sharon.Urben@derbyshire.gov.uk)

Suzann Banks - 01629 532512

**Office Use Only:**

<b>Date referral received:</b>	
<b>Date school notified receipt:</b>	
<b>Date inputted on PPSP referral spreadsheet:</b>	
<b>PSS Number:</b>	
<b>PSS &amp; E File:</b>	