|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Young Person’s Name:**  Ethnicity: Gender:  **Home address:**  **Parent/carer names & relationship**: | | **Date of Birth:** | | **Date of referral:** |
| **School Year:**  **School details and contacts**:  Parent/carer consent for referral: Yes / No | | |
| How did you find out about Susan’s Farm? | | | | |
| **Designations:**   |  |  |  |  | | --- | --- | --- | --- | | 🞎 CLA | 🞎 Previous CLA | 🞎 CP Register | 🞎 Free School meals | | 🞎 Young Carer | 🞎 Child in Need | 🞎 Pupil Premium | 🞎 Armed Forces | | 🞎 EAL | 🞎 Other(s) ……. | | |   **Reasons for referral:**   |  |  |  | | --- | --- | --- | | 🞎 To support Achievement | 🞎 Enhance Health & Wellbeing | 🞎 Nurture | | 🞎 Social / Emotional Support | 🞎 Outdoor/Farming experience | 🞎 School Attendance | | Please provide more details: | | | | | | | |
| **More about school/education** e.g. (Placements, Achievements, Peer Relationships) | | | | |
| **Strengths** | **Pressures** | | | |
| **Other Agencies Involved – include contact details** | | | | |
| |  |  |  | | --- | --- | --- | | 🞎 Educational Psychologist | 🞎 Barnardo’s | 🞎 CAMHS | | 🞎 Physiotherapy | 🞎 EAL Service | 🞎 Speech & Language | | 🞎 Therapy | 🞎 Social Work | 🞎 Self-directed support | | 🞎 Occupational Therapy  Contact details: |  |  | | | | | |
| **Existing plans/Assessments**  (please provide copies)   |  |  |  |  | | --- | --- | --- | --- | | 🞎 IEP | 🞎 Behaviour Support Plan | 🞎 Risk Assessment(s) | 🞎 EHCP | | 🞎 Others: | | | | | | | | |
| **Desired outcomes for the young person:**  What do they want to achieve? | | | | |
| **Action Plan** | | | **Responsibilities** | |
| **How will we know the plan has been successful?** Evidence of impact | | | | |

Request completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to be reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_