

EDUCATION REFERRAL: Cornerstones Independent School

BASIC INFORMATION	
Name of Student	
Date of Birth	
Legal Status	
Present Address	
Key person: Carer	
Name of Referring Authority	
Address of Referring Authority	
Key person: Social Worker	
Previous School	
Address of Previous School	
Key person: Head Teacher	
Date initial referral made	
Required Placement Date	
Contact No. for Follow Up	
Lioncare Liaison Officer	

General Life History and Significant Events:

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Has this young person been seen by an Educational Psychologist?		Yes	No
Name of Educational Psychologist and e-mail / contact telephone number			
Do they have a Statement of Special Educational Needs?		Yes	No
What is the date of the next review?			
Copy attached / made available to The Lioncare Group?		Yes	No

Presenting Behaviour and Recognised Difficulty:

Specific Reason for Referral.

Placement Plan:

1. Desired Eventual Outcome:

Expected Time Scale:

2. Short Term Aims:

How will you know when these have been reached?

ADDITIONAL INFORMATION

4. Family's View Concerning Referral:

5. The Young Person's View Concerning Referral:

6. Pending Court Work: (including expectations School Staff Team)

7. Cultural, Racial And Gender Issues needing Consideration

8. Hobbies, Interests, Likes And Dislikes

THE FOLLOWING ASSISTS US FORM A PEN PICTURE OF THIS YOUNG PERSON

Does this young person show depression, anxiety, panic, feeling isolated?

Does this young person display aggression, violence and/or rage and if so to whom?

Ability to Maintain Own Boundaries / Respect Other's Boundaries:

Ability to Communicate:

Capacity For Concern, Empathy, Remorse:

**Levels Of Delinquent Excitement:
(Do they set it up? Are they easily drawn in? Do they merge with others?)**

**Does This Young Person Disrupt The Functioning Of Others In A Group?
(How do they cope with group dynamics)**

Signs of Self Harming / Self Destruction:

**Safety Of Other Young People:
(Are there any significant risk factors to take into account?)**

Ability To Play

Reaction to Situations of Separation / Loss

At What Emotional Age Do You Feel This Young Person Functions At?

On A Scale Of 1-10 Where Would You Place This Young Person's Level Of Self Esteem?

Is there anything else, which you feel may be helpful for us to know?

REPORTS TO BE ATTACHED (where possible)	Tick if enclosed	
Case history:	▪ Family composition	<input type="checkbox"/>
	▪ Family history	<input type="checkbox"/>
	▪ Details of any previous Care Placements	<input type="checkbox"/>
	▪ Current Placement Report if applicable	<input type="checkbox"/>
	▪ Current Care Plan if applicable	<input type="checkbox"/>
Medical:	▪ Current medical issues	<input type="checkbox"/>
	▪ Psychiatric Assessment if applicable	<input type="checkbox"/>
Professional Reports:	▪ Psychological Assessment if applicable	<input type="checkbox"/>
	▪ Report from CAHMS if applicable	<input type="checkbox"/>
	▪ Statement of Special Educational Needs	<input type="checkbox"/>
Education:	▪ Report from Educational Psychologist	<input type="checkbox"/>
	▪ Last School Report	<input type="checkbox"/>

Please return this form and all relevant reports to:

**Matt Vince,
 Director,
 The Lioncare Group,
 Lioncare House,
 58a Livingstone Road,
 Hove BN3 1RJ.**

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