



## REFERRAL FORM FOR ART THERAPY

**\*PART A: TO BE COMPLETED BY REFERRING AGENT**

<b>Pupil's Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>School Name and Address:</b>
<b>Telephone Number:</b>	<b>Class Teacher:</b>
<b>Year Group/Class:</b>	<b>Referred By:</b>
<b>Code of Practice Stage:</b>	<b>Position In School:</b>
<b>Pastoral Support Plan:</b>	<b>Outcome hoped for:</b>
<b>Date of Referral:</b>	<b>Classroom target(s):</b>
<b>Reasons for Referral:</b>	
<b>External agencies involved with the pupil (past and present):</b>	<b>Is this pupil under Child Protection? (If yes, please explain):</b>

**PART B: TO BE COMPLETED BY THE ART THERAPIST**

<b>Classroom observation:    yes            no</b>	<b>Suitability for art therapy:</b>
<b>Recommended for:    group            individual</b>	<b>Parental consent returned:    yes            no</b>
<b>Art Therapist:</b>	<b>Staff Liaison:</b>
<b>Date therapy commenced:</b>	<b>Session time:</b>
<b>Expected time scale for therapy:</b>	<b>Review date:</b>

**\*PART C: FURTHER INFORMATION TO BE SUPPLIED BY REFERRING AGENT**

<b>Ethnic group:</b>	<b>First language:</b>
<b>Presenting difficulties at school:</b>	<b>Relationships with peers:</b>
<b>Attitude towards staff:</b>	<b>Has this pupil been aggressive towards fellow peers or teaching staff?</b>
<b>Presenting difficulties at home:</b>	<b>Family history and structure (including siblings and extended family):</b>
<b>Significant life events:</b>	<b>Does this pupil or any family member have a learning disability or a particular health issue?</b>
<b>Other relevant information:</b>	