



Play Therapy Referral Form

Name of Child:		M/F	D.O.B:
Year Group:	Class:	School:	
Teacher & Email:	Parent's Name:	Parent's Email & Tel:	

Background information and reasons for referral: Please include the reasons for the referral and what you think is the cause of this.

Hopes for Play Therapy:

1.	
2.	
3.	
4.	

Details of any other interventions or agencies involved. Diagnosis, medications/allergies known:

Tick as appropriate:	Additional Support	Statement	Education Health and Care Plan
Is this child adopted or in the process of adoption?		Is this child fostered?	
Who has parental responsibility?		Is there an <i>Early Help Notification form</i> currently open on this child? (If yes please attach a copy) Yes	No

Signature of Referrer:	Date:
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