



STEPS4WARD



PUPIL & FAMILY THERAPY REFERRAL FORM

School details:

School name & address:

Name & role of referrer:

Tel. no.:

Email:

Referral details:

Service required: (please tick which box(es) apply.)

Pupil therapy	
Family therapy	
Advice and support for school staff	

Reason for referral:

Number of 30 minute sessions to be funded:

Pupil details: (please complete if appropriate)

Surname:

First names:

Address:

Tel. no:

D.O.B.:

Entry date to your school:

Looked after child: Y/N

Current year group:

Class teacher:

TA Support:

Current SEN status:

Collins-Donnelly Consultancy, Suite 1, Wyvern House, Old Forge Business Park, Guernsey Road, Sheffield, S2 4HG, Tel: 0114 2584793, Fax: 0114 3030004, Email: collinsdonnelly@talktalk.net
Web: www.collinsdonnelly.co.uk

Area of SEN:

Other agencies/professionals involved with the pupil:

Agency	Contact name	Tel. no.	Email

Family details: (please complete for each family member if appropriate)

Surname	First names	Address	Tel. no.	Email	Relationship to pupil

Other agencies/professionals involved with the family:

Agency	Contact name	Tel. no.	Email

Supporting Information:

Are the school providing any supporting information*: Y/N

Referrer's signature:

Date:

*Please send any supporting information by post, fax or email to the contact details below.

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