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| **Emotional Health and Wellbeing Panel**  **Referral Form** | | | | | | | | | | | | |
| Pupil Name: | | | DOB: | | Gender: | | | Year Group: | | | Current School: | |
| **Please identify the type of referral.**  You can request a BeeU pathway and/or to receive advice from panel. | | | | | | | | | | | | |
| **Referral to BeeU Pathway** | | | | | | **Advice & Guidance at Panel**  Yes | | | | | | |
| Yes  No |  | | | | |
| Headteacher:  Contact Number:  Member of SLT Presenting at Panel:  Email address: | | | | | | | | | | | | |
| Ethnicity:  EAL:  Yes  No | | | | | | | CiC:  Yes  No | | | PP:  Yes  No | | FSM:  Yes  No |
| SEND Status: | |  | Current Modified timetable:  Yes  No  Alternative Provision:  Yes  No  Details: | | | | | | | | | |
| None  SS  EHCNA  EHCP | |  |
| Previously presented to Emotional Health and Wellbeing Panel:  Yes  No  Date: | | | | Previously presented to the Fair Access Panel:  Yes  No  Date: | | | | | Previously presented to Inclusive Schools Forum:  Yes  No  Date: | | | |
| (Person with parental responsibility)  Parent/Carer’s Name : ............................... Relationship to Pupil: ….............................  Child’s Home Address: ….................................................................................................................................  .........................................................................................................................................................................  Main contact number: …………………………………… | | | | | | | | | | | | |

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| --- | --- |
| **Educational History (include periods of EHE)**  Current school:  Previous schools:  Any other provision: | Dates:  Dates:  Dates: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance and Exclusions** | | | |
| Attendance Current  Year %: | Attendance Previous  Year %: |  |  |
| FT Exclusions events this Academic year: | FT Exclusions this Academic Year (Days): | FT Exclusions events last Academic year: | FT Exclusion last Academic Year (Days): |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prior Attainment (Delete as appropriate)**  **KEY**   |  |  | | --- | --- | | BLW | Working Below National Curriculum Standards | | WTS | Working Towards the Expected Standard | | EXS | Working at the Expected Standard | | GDS | Working at a Greater Depth Within the Expected Standard |  |  |  |  |  | | --- | --- | --- | --- | | **Phonics** | **Working Below/At** | | | | **Key Stage** | **Reading** | **Write** | **Maths** | | Key Stage 1 | **BLW WTS EXS GDS** | **BLW WTS EXS GDS** | **BLW WTS EXS GDS** | | Key Stage 2 | **BLW WTS EXS GDS** | **BLW WTS EXS GDS** | **BLW WTS EXS GDS** | |
| **Current Attainment**  Current attainment based on age related expectations - **Well below below at above**  OR **GCSE Grades**  Reading: Writing:  English: Maths: |
|  |

|  |
| --- |
| **Early Help Assessment (CAF)**  Is this child open to the Early Help (TAC) process **Y/N**  Date first Early Help Assessment:………………………………… Updated EHA Date: …………………………..  Most recent Planning meeting date: ……………………………. Lead Professional: ……………………..…….  Agencies currently involved in Early Help Plan: …………………………….……………………………………………  ……………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………… |

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| **Emotional Health and Wellbeing Panel**  **Referral Form – Part B** |

**Concerns**

|  |  |
| --- | --- |
| **What are the main concerns? In rank order.**  Concern Frequency and severity (per lesson/day/week) | |
| 1.  2.  3.  4. |  |

|  |  |  |
| --- | --- | --- |
| **School or External Assessments / Interventions / Strategies** | | |
| **Name/Description of Strategy** | **Date Strategy employed** | **Impact of Strategy** |
|  |  |  |
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The Five ‘Ps’ – to be filled in by the young person with support as required.

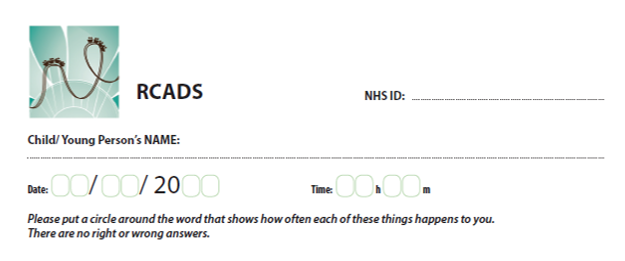
Triggers for the most recent episode **Precipitating factors**

What made me vulnerable in the first place? **Predisposing factors**

Things that keep “the problem” going– (These might include things that I do to control the problem) **Perpetuating factors**

**The “Problem”**

Positive things that I’ve got going for me **Protective factors**

This is intended for young people aged 8 and over; this should not be completed for young people below the age of 8. This is also available as a spreadsheet which includes the scoring process.

Please highlight the word that shows how often each of these things happens to you.

There are no right or wrong answers.

|  |  |  |
| --- | --- | --- |
| 1 | I worry about things | Never Sometimes Often Always |
| 2 | I feel sad or empty | Never Sometimes Often Always |
| 3 | When I have a problem, I get a funny feeling in my stomach | Never Sometimes Often Always |
| 4 | I worry when I think I have done poorly at something | Never Sometimes Often Always |
| 5 | I would feel afraid of being on my own at home | Never Sometimes Often Always |
| 6 | Nothing is much fun anymore | Never Sometimes Often Always |
| 7 | I feel scared when I have to take a test | Never Sometimes Often Always |
| 8 | I feel worried when I think someone is angry with me | Never Sometimes Often Always |
| 9 | I worry about being away from my parent | Never Sometimes Often Always |
| 10 | I am bothered by bad or silly thoughts or pictures in my mind | Never Sometimes Often Always |
| 11 | I have trouble sleeping | Never Sometimes Often Always |
| 12 | I worry that I will do badly at my school work | Never Sometimes Often Always |
| 13 | I worry that something awful will happen to someone in my family | Never Sometimes Often Always |
| 14 | I suddenly feel as if I can’t breathe when there is no reason for this | Never Sometimes Often Always |
| 15 | I have problems with my appetite | Never Sometimes Often Always |
| 16 | I have to keep checking that I have done things right (like the switch is off, or the door is locked) | Never Sometimes Often Always |
| 17 | I feel scared if I have to sleep on my own | Never Sometimes Often Always |
| 18 | I have trouble going to school in the mornings because I feel nervous or afraid | Never Sometimes Often Always |
| 19 | I have no energy for things | Never Sometimes Often Always |
| 20 | I worry I might look foolish | Never Sometimes Often Always |
| 21 | I am tired a lot | Never Sometimes Often Always |
| 22 | I worry that bad things will happen to me | Never Sometimes Often Always |
| 23 | I can’t seem to get bad or silly thoughts out of my head | Never Sometimes Often Always |
| 24 | When I have a problem, my heart beats really fast | Never Sometimes Often Always |
| 25 | I cannot think clearly | Never Sometimes Often Always |
| 26 | I suddenly start to tremble or shake when there is no reason  for this | Never Sometimes Often Always |
| 27 | I worry something bad will happen to me | Never Sometimes Often Always |
| 28 | When I have a problem, I feel shaky | Never Sometimes Often Always |
| 29 | I feel worthless | Never Sometimes Often Always |
| 30 | I worry about making mistakes | Never Sometimes Often Always |
| 31 | I have to think of special thoughts (like numbers or words) to stop bad things from happening | Never Sometimes Often Always |
| 32 | I worry what other people think of me | Never Sometimes Often Always |
| 33 | I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds) | Never Sometimes Often Always |
| 34 | All of a sudden I feel really scared for no reason at all | Never Sometimes Often Always |
| 35 | I worry about what is going to happen | Never Sometimes Often Always |
| 36 | I suddenly become dizzy or faint when there is no reason for this | Never Sometimes Often Always |
| 37 | I think about death | Never Sometimes Often Always |
| 38 | I feel afraid if I have to talk in front of my class | Never Sometimes Often Always |
| 39 | My heart suddenly starts to beat too quickly for no reason | Never Sometimes Often Always |
| 40 | I feel like I don’t want to move | Never Sometimes Often Always |
| 41 | I worry that I will suddenly get a scared feeling when there is nothing to be afraid of | Never Sometimes Often Always |
| 42 | I have to do somethings over and over again (like washing my hands, cleaning or putting things in a certain order) | Never Sometimes Often Always |
| 43 | I feel afraid that I will make a fool of myself in front of people | Never Sometimes Often Always |
| 44 | I have to do some things in just the right way to stop bad things from happening | Never Sometimes Often Always |
| 45 | I worry when I go to bed at night | Never Sometimes Often Always |
| 46 | I would feel scared if I had to stay away from home overnight | Never Sometimes Often Always |
| 47 | I feel restless | Never Sometimes Often Always |

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| --- |
| Please add any other information that may be useful?  If appropriate please refer to and quote from relevant reports, stating the author, agency and date.  **Please do not submit any additional documents** |

Thank you for taking the time to complete this form. The information you have provided will help us to define the issues and plan a programme of intervention.

Finally, please indicate the contributors to this document below

Contributor Position

1.

2.

3.

Headteachers’s Signature:…………………………………….. Date completed:…………...

**PARENT / CARER CONSENT FORM**

|  |  |  |
| --- | --- | --- |
| Child’s Name: | DOB: | Current School: |
| Parent/Carer’s Name : ................................................ Relationship to Child: ….............................  Home Address: …...................................................................................................................................  ...............................................................................................................................................................  Home telephone number: …………………………………… Mobile number:………………………………………….. | | |
| Has your child previously attended an appointment with BeeU/CAMHS?  **Yes/No** Date: | | |
| You might like to include any letter you might have received from your GP in relation to this referral.  Do you have a GP letter you would like to attach that can be shared with the panel?  **Yes/No** | | |
| Please describe your child’s behaviours at home and any concerns you might have: | | |

**Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)**

Telford & Wrekin Council are collecting Personal Identifiable Information to enable us to provide you with support through the Emotional Health and Wellbeing Panel. We need to collect this information in order to ensure that the most appropriate support is identified for your child. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1)A).

A formal copy of the Panel feedback form can be requested and provided via the school. Members of the Panel may need to update on the progress of your child’s education, by signing this form, you understand and consent to these updates taking place.

If there are any changes in your circumstances such as provision or family circumstances, the Panel will require a new signature from parents/carers.

Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information with be shared within Telford & Wrekin Council and partners agencies (NHS, Schools, and Early Years providers) solely for the purpose of providing you with educational or health support.   For further details on the council’s privacy arrangements please view the privacy page on the council’s [website page](http://www.telford.gov.uk/terms).

Signed: ………………………………………………………………………. Parent / Carer Date: ………………………………