

High Needs Support Worker Referral Form

Child's name:	Child's DOB:	Date completed:
Child's address:	Current school/setting:	
Year group:		
Parent/Carer Name (has Parental Responsibility):	Relationship to child:	
Address (if different to child):	Phone:	
	Email:	
Parent/Carer Name (has Parental Responsibility):	Relationship to child:	
Address (if different to child):	Phone:	
	Email:	
Referrer's name:	Phone:	
Relationship to child:	Email:	

Please explain the concerns relating to the child/family:

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Please outline the support that you feel would be beneficial:

Please outline your expected outcomes:

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Please give details of any support the child/family has received, including any other agencies or professionals currently involved with the child along with a brief outline of the work they are doing.

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For a child to be eligible for support from the High Need Worker, they must meet at least one of the following criteria. Referrals will be accepted for children and young people from Early Years settings, Primary schools and Secondary schools. Parents can also refer for support.

Please indicate which of the criteria you are applying under (there can be more than one):

- The family have previously been known to Children’s Services.
- The family have a Families First Assessment in place.
- The child/ young person’s attendance is affected.
- The child/ young person’s education has/is being impacted by parental health, parental Mental Health issues, parental/family separation, Domestic Abuse, substance misuse or other health needs within the family.
- The child/ young person has a Special Educational Need or Disability or is awaiting assessment.
- The child/ young person has an EHCP or is at SEN support and has external support already in place.
- The child/ young person has changed schools recently.
- There are complex/ multiple needs across the family, with more than one child having a Special Education Need or Disability.
- The family have moved into the area.

Please include any other relevant additional information about the child and family, such as living arrangements, family background or additional languages spoken.

- Please ensure that you have filled in the form with as much information as possible.
- All referrals will be subject to a triage process to ensure the most relevant support can be offered.
- Please attach any other additional paperwork which is relevant to the referral.
- **Please ensure that parents/carers have read and signed this form.**

Parents/carers please sign this form to say you agree to the referral being made to the High Need Worker and that you are happy for your details to be shared with partner services that could be appropriate to you and your family. Please be assured that the information contained on this form will be stored securely and treated with respect.

Parent signature Date

Referrer signature Date.....

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