*Please indicate (tick) which aspect of counselling and therapeutic involvement this work relates to:*

|  |  |  |  |
| --- | --- | --- | --- |
| **CORE: SEND**  *Tick if this was agreed as statutory work* | **CORE: IYFAP**  *Tick if this was agreed at IYFAP* | **CORE: Critical Incident**  **(CI) support**  *Tick if this is C.I.* | **Traded / Commissioned**  *Tick if this is traded / via our e-store* |
| *Agreed with Family Support Coordinator):*  *Date agreed:* | *Date of IYFAP:* | *Direct contact with C.I. Lead*  Megan.Smith@suffolk.gov.uk |  |

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| --- |
| **Reason for therapeutic involvement?** |
| *Please specify the outcomes you hope for as a result of the Inclusion Facilitator’s /Counselling /Therapeutic involvement.* |

|  |
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| **Please describe the interventions you have tried and what has worked.** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **School / setting** | **NC Year** | **Gender** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Home address** | **Parent / carer(s)** |
|  |  |
| **Phone number(s)** |
|  |

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| --- |
| **Who else is involved?**  *For example, other professionals and services* |

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| --- |
| **Is this child / young person supported via SEND support in his/her education setting – if so, what is their main category of need?** |
|  |

|  |  |
| --- | --- |
| **Do they have a Statement or Education, Health and Care Plan?** | **YES / NO** |
| **Has there been previous involvement from the Psychology and Therapeutic Services?** | **YES / NO** |
| **Is the child / young person a Child in Care?** | **YES / NO** |
| **Has there been any social services involvement with the child/young person?** | **YES/NO** |
| **Has the child/young person been involved with the Suffolk Youth Justice Service?** | **YES/NO** |
| **Child / family’s first language? ………………………..… Is an interpreter needed?** | **YES / NO** |
| **Do they have a medical or mental health diagnosis that we need to be aware of?** | **YES / NO** |
| **What is this child’s/young person’s school/education setting attendance rate?** |  |
| *Please provide more information here.* | |

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| --- |
| **Child / Young Person’s views**  *Please complete the section below with the child / young person or attach their One Page Profile* |
| What do people like and admire about me?  What is important to me?  How best to support me?  *Child / young person’s views obtained by ……………………………………………………………………………………………………* |

|  |
| --- |
| **Parental views** |
| *Include any information relating to early development, current issues or family circumstances* |