**Initial Concern Referral Form - MENTAL HEALTH**

[**https://www.highfieldhall.derbyshire.sch.uk/supporting-childrens-mental-health/**](https://www.highfieldhall.derbyshire.sch.uk/supporting-childrens-mental-health/)

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| --- | --- | --- | --- |
| **Date** |  | **Adult referring** |  |
| **Pupil Name** |  | **Class** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D.O.B** |  | Diagnosed SEND? | **Yes** | **No** |
| **Medical Information** (if any) | | **Prior SEND Information** (if any) | | |
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| **Nature of Concern**  *(please continue on the back if necessary)* |  |
| **Agencies previously/currently involved** |  |
| **Hoped Outcomes from the referral** |  |

Please return this form to the school office, your child’s class teacher or email it to lwebster@highfieldhall.derbyshire.sch.uk