



REFERRAL FOR FAMILY SUPPORT

This referral form is to be used for making referrals to the Caleb's Mountain Support service.

Families First Status: _____ Yes / No / Unsure
Pupil Premium Status: _____ Yes / No / Unsure
Allocated social worker: _____ Contact details: _____
Other Involved agencies: _____ Contact details: _____

Parent Carer's details

Surname: _____ Forenames: _____
Contact details: _____
Surname: _____ Forenames: _____
Contact details: _____
Surname: _____ Forenames: _____
Contact details: _____

Children's details

Surname: _____ Forenames: _____
D.O.B. _____
Surname: _____ Forenames: _____
Surname: _____ Forenames: _____
Surname: _____ Forenames: _____
Surname: _____ Forenames: _____
Surname: _____ Forenames: _____

Are your child and parent/carer personal details and contact information up to date? Yes No

Are chronology and relevant assessments available? Yes No

Does any child or adult in the household have a disability or additional communication needs?

Does any child in the household have any significant medical or health needs that we need to be aware of?

Please describe the level of support being requested (Select from menu of support from Caleb's Mountain material)

Please detail any areas of family support currently underway; awaiting allocation (on a waiting list); or recently offered (Children's Centre family support; family support within local authority teams – please provide workers' name and contact details and explain why Caleb's Mountain Support is required and how this differs from support already being offered)

Please list the specific goals that need to be achieved with the family over a 12 week period below:

What is the likely plan for the family if they do not receive Caleb's Mountain family support now?

What is the likely plan if necessary outcomes have not been achieved? What is the agreed contingency plan if the family do not engage with this service? (This section needs to include information about how we should update you with regard to new concerns raised or lack of progress being made)

Has this referral been discussed with the family and what are their views?

Please list other agencies involved with the family, including any named contact and their details

Are there any known issues impacting upon staff safety and what would be your recommendations?

Name of person and/or agency completing this referral:

Date of referral:

Once this referral form has been completed in full please return this form via email to Barry Stevens Senior Family Support Worker at fsw@bream.gloucs.sch.uk