

CHANCE (UK)

Referral Information Form

We have an open access policy. Clients may view information held on them by simply contacting the Chief Executive and arranging a mutually convenient date and time to meet together.

We target very specific children only and full details of our criteria are given in the Referrer Guide Notes. We require accurate information to make our initial assessment, so please consider who is best placed within your agency, based on good direct contact with the child, to answer the questions.

Do not refer unless you are clear about our acceptance criteria.

Please *answer all questions* on this cover page and as many of the others as you can.

Please *write clearly* and use **BLOCK CAPITALS** for name and address/telephone information.

Child's gender: Boy or Girl Date of birth [] [] 19__ Age: []

Child's given name: _____ Family name: _____

Mother's given name: _____ Family name: _____

Father's given name: _____ Family name: _____

Home phone number: _____ Mobile: _____

Home address: _____

_____ Postcode (in full)

Is the child cared for by a single parent: N Y if Y, by Mother or by Father

Other carer/s: _____

Is the child's ethnic/racial background:

1. Black Caribbean African Other
2. Asian Indian Pakistani Bangladeshi Chinese Other
3. Greek/Greek Cypriot Turkish/Turkish Cypriot
4. Irish 5. White 6. Other, including mixed parentage

Mother's first language _____ & Religion: _____

Father's first language: _____ & Religion: _____

Child's first language: _____ & Religion: _____

If it isn't their first language, how well do the parents speak English: _____

Is this child or their family known to Social Services: Y N Unknown

Is this child or their family known to Educational Welfare: Y N Unknown

Is this child or their family known to Child/Family Consultation Service: Y N Unknown

Is this child or their family known to the Probation Service: Y N Unknown

YOU MUST ANSWER THIS QUESTION

Is there anything known about the behaviour of any family member/s or their associates *Y or N* that may place volunteers or staff at risk of violent or abusive behaviour?

Referrer Information

Name of School/Agency: _____

If referral via school, what is the name of the child's teacher: _____

Contact Person: _____ Position: _____
(the person who will be an informed point of contact in relation to the referred child).

Phone number: () _____ Fax number: () _____

E-Mail number: _____

Please tell us if there are any best days or times to contact this person: _____

If you need more of these 'Referral Information Forms', tell us how many: 5 10 15!

If you need any more 'Referrer Guide Notes', tell us how many: 1 3 5

If you need more 'Parent Introduction Leaflets', tell us how many: 5 10 15!

Date of this referral: [] [] []

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PP [] A (5-10) B (4) N (0-3) *circle*

ES [] A (6-10) B (5) N (0-4) *circle*

CP [] A (4-10) B (3) N (0-2) *circle*

HA [] A (7-10) B (6) N (0-5) *circle*

[] A (16-40) B(12-15) N (0-11) *circle*

PS [] A (0-4) B (5) N (6-10) *circle* by _____

Meets criteria [] Does not meet criteria []

Monitoring information entered on data-base by _____

Follow up information taken by _____
and then attached to this form.

Notes:

External Factors/Stressors Questionnaire (EF/SQ)

We'd appreciate the fullest information you can give at this early stage to assist our assessment.

Please answer by indicating just one response per question.

School Life

Is the child diagnosed as having <u>Attention Deficit/Hyperactivity Disorder</u>	N	Y	<i>Unknown</i>
Has the child ever been <u>Excluded</u> , or has <u>Consideration</u> been given to excluding this child from school?	N	Y	<i>Unknown</i>
Does the child have a ' <u>Statement of Needs</u> ' or has <u>Consideration</u> been given to 'statementing' this child?	N	Y	<i>Unknown</i>
Does the child receive free meals at school due to <u>low family income</u> ?	N	Y	<i>Unknown</i>
Is the <u>Parental Attitude</u> to the child's education			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		
Is the child's <u>Educational Attainment</u>			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		
Is the child's <u>School Attendance</u>			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		
Is any absence due to:	<i>Truancy</i>	<i>Illness</i>	<i>Other.....</i>
			<i>Unknown</i>

Home Life

Does the child have any family members with a <u>criminal history</u> ?	N	Y	<i>Unknown</i>
Does the child have any family members with an <u>addictive type problem</u> ?	N	Y	<i>Unknown</i>
Does the child have friends who are a <u>Negative Influence</u> on them?	N	Y	<i>Unknown</i>
Is <u>Consistency</u> in parenting style			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		
Is <u>Stability</u> in the family background or situation (eg. several difficult transitions)			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		
Is the child's relationship/ <u>Attachment</u> to mother			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		
Is the child's relationship/ <u>Attachment</u> to father			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		
Is the parent's attitude to the <u>Supervision</u> or safety of the child (eg. found wandering streets at night)			
<i>Very Poor Poor Below Average Average Good Very Good</i>	<i>Unknown</i>		

Strengths and Difficulties Questionnaire (SDQ)

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For each item, please mark the box for 'Not True', 'Somewhat True' or 'Certainly True'. It would help if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months, or this school year.

Name of person completing this SDQ page: _____ Position: _____

	<i>Not True</i>	<i>Somewhat True</i>	<i>Certainly True</i>
Considerate of other people's feelings.	_____	_____	_____
Restless, overactive, cannot stay still for long.	_____	_____	_____
Often complains of headaches, stomach-aches or sickness.	_____	_____	_____
Shares readily with other children (treats, toys, pencils, etc.)	_____	_____	_____
Often has temper tantrums or hot tempers.	_____	_____	_____
Rather solitary, tends to play alone.	_____	_____	_____
Generally obedient, usually does what adults request.	_____	_____	_____
Many worries, often seems worried.	_____	_____	_____
Helpful if someone is hurt, upset or feeling ill.	_____	_____	_____
Constantly fidgeting or squirming.	_____	_____	_____
Has at least one good friend.	_____	_____	_____
Often fights with other children or bullies them.	_____	_____	_____
Often unhappy, down-hearted or tearful.	_____	_____	_____
Generally liked by other children.	_____	_____	_____
Easily distracted, concentration wanders.	_____	_____	_____
Nervous or clingy in new situations, easily loses confidence.	_____	_____	_____
Kind to younger children.	_____	_____	_____
Often lies or cheats.	_____	_____	_____
Picked on or bullied by other children.	_____	_____	_____
Often volunteers to help others (parents, teachers, other children).	_____	_____	_____
Thinks things out before acting.	_____	_____	_____
Steals from home, school or elsewhere.	_____	_____	_____
Gets on better with adults than with other children.	_____	_____	_____
Many fears, easily scared.	_____	_____	_____
Sees tasks through to the end, good attention span.	_____	_____	_____

Contacting CHANCE

Many thanks for completing this form.

Now, please check through your answers before sending it to: