



## Teenage Kicks Reason for Referral

Please ensure that this form is filled in with as much detail as possible and ensure that this form, along with all other evidence, is attached to the referral. Any incomplete referrals will not be considered.

STUDENT INFORMATION		
Name of Student:	DOB:	Year Group:
School Attended:		

Within School
<i>Please give as much detailed information about the positives and negatives of the young person when in the school environment.</i>

Within the Home
<i>Please give as much detailed information about the positives and negatives of the young person when in the home environment. Who do they live with, what are the circumstances, any information about substance misuse/ mental health issues/criminal activity/jail sentences within the family.</i>

Within the Wider Community
<i>Please give as much detailed information about the positives and negatives of the young person outside of the home and school. Are there any gang affiliations, substance misuse or any problems with this young person and others in their community.</i>

Any further Relevant Information

Name of Referrer:	Role:
Signature:	Email: