



Solution Focused Triage Team DSPL9

Supporting Children, Young People & Families
 In Early Years, Schools, Colleges & at Home
 For Watford, Three Rivers, Bushey & Radlett

SERVICE REQUEST FORM Tier 4 and 5 Behaviour partnership

Guidance: IMPORTANT

The Team will consider provision requests to support families, children or young people with multi-complex needs that require intensive involvement when a child is at serious risk of or who has been permanently excluded. This form should be completed with the whole family in mind where appropriate. Please provide us with as much information as possible including information regarding your involvement and all previous interventions. Please note that we cannot accept referrals without family consent. **Once received you will be invited to attend an inclusion panel meeting to discuss this further.**

We will contact you as soon as possible to discuss the case. Should you prefer to discuss this pathway please contact: Jenny Morley on 0208 428 4571 or e-mail: head@warrendell.herts.sch.uk Thank you.

Service Request Details	
Name of person completing the request	
Position	
Name of Organisation:	
Address:	
Contact Number	
e-mail address	

Level of behaviour partnership tier requested: tier 4 tier 5

Name and Address of Person/Family of Concern

Family Surname(s)	Address(s)	1st Language
		English Spoken Y/N
		Interpreter Required Y/N
		BSL/Makaton Y/N
Contact Number		

We will ask you for more information regarding the family /child/young person later in the form

DSPL9 Lead: Jill Litchfield. Bournehall Primary School. Bournehall Avenue. Bushey. Hertfordshire. WD23 3AX
 0208 950 4438
www.bournehall.herts.sch.uk

Family Composition/ Significant Others

Full Name	Address	DOB	Relationship	M/F

Please give details of Early Years Settings, Schools, Colleges attended and Year Group

Are The Family/Person aware of this Service Request	Yes/No
Do they give their consent to this Service Request	Yes/ No
Consent given by: (Parent, Carer)	
Full Name: (Parent)	
Signature:	
Please give date, time and venue of any arranged meetings i.e CAF, CP/CIN, SEN	
(we will contact you to confirm attendance if appropriate)	

Existing and/or Historical Factors (C/YP = Child or Young Person)

	Y	N	?	Parent/Carer or C/YP Name	Other information
Mental Health Issues - Adult					
Mental Health Issues – C/YP					
Learning Difficulties - Adult					
Additional Needs – C/YP					
Physical Disabilities- Adult					
Physical Disabilities- C/YP					
Sensory Impairment - Adult					
Sensory Impairment - Adult					
Emotional Outbursts - Adult					
Emotional Outbursts – C/YP					
Domestic Violence					
Anti-Social Behaviour					
Child Protection Plan					
Child In Need Plan					
Common Assessment Framework					
Drug and/or Alcohol issues					
Other - please specify					

(Please provide copies of any related documents where possible)

Other Organisations, Agencies and Services involved (past and present)

Organisation	Contact Person	phone or e-mail	Current Yes/No
G.P			
Adult Mental Health Team			
Child & Adolescent Mental Health			
Social Care			
Integrated Services for Learning i.e (EP, AIO, SEN, Early Years etc).			
School-based Family Workers			
Thriving Families			
Targeted Youth Support Team			
Youth Offending Team			
Disabilities Team - Adult			
Probation			
Drug & Alcohol Service			
other - please specify			

Please give a brief description of intervention outcomes to date (tier 1 , 2 and 3 i.e. school systems, outreach support, external advice)
(continue on a separate sheet if required)

Please give a brief description of the desired outcomes from behaviour partnership

Have you completed a Risk Assessment	Yes/No
(please attach a copy if available)	
Have you identified any risk attached to working with this family/child/young person?	
Yes/No	
Please provide any relevant details:	

Service Request signed by _____ (Print name) _____ (signature)

Date: _____

Please send any relevant evidence with this form i.e. IEP's, reports, ENF applications and add any relevant updates.