



SURVIVING YOUR ADOLESCENTS PROGRAMME

Please complete ALL sections

1. Referrer Details

Referrer name:	Organisation:
Role:	Address:
Email:	Telephone:

Have parents/carers consented to referral?	Yes/No
Date consented NB please ensure parent knows what the programme is about before they consent, and check start date	
Date referral completed	

The programme is being delivered online via Microsoft Teams.

Please ensure you put parents' email address below as confirmation letter and Teams link will be emailed to the parents.

2. Family Composition & Details

Parent/Carer

Name:	Name:
Relationship to child:	Relationship to child:
D.O.B:	D.O.B:
Address:	Address:
Ethnicity:	Ethnicity:
Phone number:	Phone number:
Email address (Needed as it is an online programme)*:	Email address (Needed as it is an online programme)*:

Details of Young Person

Name		D.O.B.	
Gender		Ethnicity	
School Year		LCS Number (if known)	

Any other siblings:

Name	D.O.B.	Gender	School/Year	Any diagnosis/special needs

3. Communication

Is English the family's first language:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please state the first language	<Main spoken language>
Is interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>
NB We cant provide an interpreter as it is group online	

Please state below your concerns and what you wish to achieve from the behaviour management programme.

Referrer must complete the below questionnaire:

For each line, circle a number from 1 to 5:	1 never, 2 rarely, 3 sometimes, 4 frequently, 5 always				
Are there concerns about the child's overall safety?	1	2	3	4	5
Does the child regularly miss school?	1	2	3	4	5
Are there concerns about alcohol and/or substance usage with the child or family?	1	2	3	4	5
Does the child associate with peers of concern?	1	2	3	4	5
Does the child show aggressive behaviour towards parents, carers, family, friends etc?	1	2	3	4	5
Does the child know how to use technology safely?	1	2	3	4	5
Does the parent(s) report positive attributes about their child?	1	2	3	4	5
Does the parent(s) show self-reflexivity about their own parenting style?	1	2	3	4	5
Does the child have a mental health diagnosis, learning or physical disability?					

Please submit the completed form to FFISgroupprograms@hounslow.gov.uk.

Once referral is received, we will make contact via phone or email to inform parent of the start date of the programme. Thank you