

**The King Alfred School CLP  
Primary School Request for PFSA Involvement**

<b>Referral From:</b>	
<b>Referring School:</b>	

<b>Date:</b>	
<b>Referrer Contact Number:</b>	

<b>Pupil Name:</b>	
<b>Parent/Carer Name:</b>	
<b>Contact number(s):</b>	
<b>Contact email:</b>	

<b>Pupil Class/Year:</b>	
<b>Date of Birth:</b>	
<b>Is Parent/Carer Aware of referral?</b>	<input type="checkbox"/> Y / <input type="checkbox"/> N
<b>Early Help Assessment completed?</b>	<input type="checkbox"/> Y / <input type="checkbox"/> N

<b>Reason/s for Referral</b>		
<input type="checkbox"/> Relationships/social development	<input type="checkbox"/> Anger	<input type="checkbox"/> Emotional wellbeing
<input type="checkbox"/> Parenting support	<input type="checkbox"/> Behaviour in school	<input type="checkbox"/> Transition group work
<input type="checkbox"/> Attendance	<input type="checkbox"/> Loss, bereavement, illness	<input type="checkbox"/> Anti-social behaviour/crime
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Family breakdown	<input type="checkbox"/> Other - include details below

<b>Reason for request for involvement (use Indicators of Need guidance on reverse to identify specific level of need)</b>

<b>Actions that you have taken/are in place to support</b>	<b>Impact of those actions so far</b>
(Please attach relevant paperwork, e.g. Early Help Assessment)	

<b>Focus for PFSA Support</b>	<b>How will this change things for the child/family?</b>

<b>Other Staff/Agencies Involvement (Past/Present)</b>

<b>Triage</b>	
KAS DHT	PFSA Manager

<b>Action</b>		
Young person seen by:	Threshold not met, refer to:	Escalate referral to:
Start Date:		
Sessions: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Other ____		

**STAFF IN CONFIDENCE**

## INDICATORS OF NEED

Use the LSCB Threshold Guidance p.15-25 to identify specific areas of need/concern

Note these in the relevant concern box, and then identify at what level your concerns are in that area

<b>LEVEL 1 UNIVERSAL</b>	<b>LEVEL 2 ADDITIONAL</b>	<b>LEVEL 3 COMPLEX</b>	<b>LEVEL 4 ACUTE</b>
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CHILD'S DEVELOPMENTAL NEEDS				
What are your concerns with regard to:	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Child's health				
Child's education				
Child's emotional wellbeing				
Child's behaviour				
Child's social development				
Abuse and neglect				

FAMILY & ENVIRONMENTAL FACTORS				
What are your concerns with regard to:	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Family's integration within the community				
Financial resources				
Housing				
Refugee/asylum seeker				
Concerns re radicalisation				

PARENTING CAPACITY (INCLUDING FAMILY FACTORS)				
What are your concerns with regard to:	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Parenting during pregnancy and infancy				
Meeting the health/practical needs of the child				
Parenting/family health issues and disability				
Protection from harm: Domestic and/or sexual abuse				
Criminal/anti-social behaviour and imprisonment				
Meeting the emotional needs of the child				
Meeting the educational needs of the child				

**STAFF IN CONFIDENCE**