**Early Intervention - Referral Form RAY Project**



**All information included in this form will be kept in accordance with the Data Protection Acts**

**1988, 2003 & 2018**

 ***To be returned to: Mary Grace, RAY Early Intervention Project, Roscrea Youth Service, Rosemary St, Roscrea, Co. Tipperary***

**Referrer Contact Details**

|  |  |
| --- | --- |
| **Name of Referrer:** | **Role/Position**: |
| Agency/Service (if applicable):Address: |
| Mobile number: | Email:  |
| Parent/Guardian has consented to the referral (please tick): Yes □ No □ The child has expressed an interest in attending the project (please tick): Yes □ No □ |

**Child’s Details**

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| **Child’s name:** |
| Address: |
| (Optional) Mobile number: | Date of birth: |
| Name of School:   |

**Parent/Guardian Contact Details**

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| --- |
| **Parent/Guardian’s name:** |
| Address: (if different from child) |
| Mobile number: | Home phone: |

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| **Office Use Only****Outcome from Referral Committee Meeting** **Referral (please tick): SUITABLE □ UNSUITABLE □ Date of Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



**Early Intervention - Referral Form RAY Project continued …**

**While you may not have information for each of these categories, please indicate (with a tick) the areas of the child’s life where problems have occurred.**

|  |  |
| --- | --- |
|  | Area |
| 1 | Family circumstances  |
| 2 | Behaviour in the home |
| 3 | Behaviour in classroom /at school (relationships with peers and teachers)  |
| 4 | Behaviour within the community (e.g., parks, community centres, sports clubs, shopping centres) |

**Referral Information**

Please outline the reason(s) for referral with reference to the areas indicated above.

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Please outline any other relevant information indicating any strengths in the child and /or their circumstances, other agencies involved, , etc.

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**On receipt of this form and following an assessment of suitability for Early Intervention by RAY, contact will be made to the parent/guardian advising if the child has been deemed suitable for Early Intervention. As the referral agent, you may be contacted by the project for additional information. Not all young people referred to the project will be admitted. If this is the case, where possible, alternative services will be suggested. I have read and agree to this. Yes □ No □**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Referrer) **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 