



## Dorin Park Behaviour Clinic Referral Form

Pupil Name:	D.O.B:
Class:	
Referred & Consent given by:	Relationship to Child:
Signed:	Date:

### Areas of Concern/Challenging Behaviours (please be as specific as possible)

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SEN Need	
Autism	
ADHD	
Down Syndrome	
Communication Difficulties	
Mental Health Issues	
Neurological Problems	
Sensory Need	
Evidence of Self-Harm	
Talk about Self-Harm	
Dark Thoughts	
Anxieties due to Change	
Struggles to recognise how they are feeling and why	
Cannot self-calm when anxious / angry / frustrated	
Other	