

**NESSie**



Supporting Positive Mental  
Health in Schools

**Arts Therapy referral form  
Private & Confidential**

**Date:**

**School name:**

**Name of referrer:**

**Email:**

**Role:**

**Contact telephone number:**

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**Reason for Referral:**

**Children with high-end additional learning needs: (tick relevant criteria)**

**STUC - significant trauma, unmet need, in crisis**

**Emotional and mental health with additional learning difficulties**

**Emotional and mental health with ASD/ADHD**   
(pre and post diagnosis)

**Emotional and mental health need with significant behaviour issues**

**SDQ completed and Results attached:**

*Parent, School and Child where appropriate attached*

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**What strategies have you tried so far?**

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**Impact of strategies:**

**Recognition, Effective Management and Early Intervention.**

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**Other agencies involved:**

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Response

*Date:*

*Actions:*

*Referrer informed: Yes/No*

*Has parental consent for referral been given:*

**Recognition, Effective Management and Early Intervention.**