# **Animal School – 12-Week Course Referral Form**

**Date of Referral:**

|  |  |
| --- | --- |
| Field | Details |
| Name |  |
| Role / Organisation |  |
| Contact Email |  |
| ****Referrer Details**** |  |
| Contact Phone |  |

|  |
| --- |
|  |

## ****Student Details****

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Gender |  |
| School / Year Group |  |
| EHCP / SEN Status |  |

## ****Allergies / Medical Considerations****

|  |  |  |
| --- | --- | --- |
| Type | **Details / Severity** | **Action Required / Precautions** |
| Animals / Insects |  |  |
| Environmental (e.g., pollen |  |  |
| Food |  |  |
| Medications |  |  |
| Other |  |  |

## ****Areas of Interest / Strengths****

(Tick all that apply and add notes if needed)

* ☐ Art / Creative Activities
* ☐ Gardening / Outdoor Work
* ☐ Animals / Animal Care
* ☐ Practical Tasks / Hands-On Work
* ☐ Teamwork / Ability to Work with Others
* ☐ Other:
* **Additional notes on interests or strengths:**

## ****Reason for Referral / Areas of Support Required****

(Tick all that apply and provide additional notes)

* ☐ Confidence / Self-Esteem
* ☐ Emotional Regulation
* ☐ Social Skills
* ☐ Engagement in Learning
* ☐ Anxiety / Stress Management
* ☐ Behavioural Support
* ☐ Other:

**Brief description of why the student is being referred:**

## ****Previous Interventions / Support****

|  |  |  |
| --- | --- | --- |
| Intervention | Duration | Outcome / Notes |
|  |  |  |
|  |  |  |

## ****Risk Assessment / Behavioural Information****

|  |  |
| --- | --- |
| Question | Details |
| Are there any known risks or challenging behaviours we should be aware of? |  |
| Has the student been expelled from a school? | ☐ Yes ☐ No |
| Has the student previously exhibited aggression or violent behaviour? | ☐ Yes ☐ No |
| Is there a history of criminal behaviour or involvement with the justice system? | ☐ Yes ☐ No |
| Additional safety notes / precautions for staff or animals |  |
| Is there a behaviour support plan in place? | ☐ Yes ☐ No (If yes, please attach) |

## ****Parental / Guardian Consent****

|  |  |
| --- | --- |
| Field | Details |
| Name |  |
| Relationship to Student |  |
| Signature |  |
| Date |  |

I give consent for my child to participate in Animal School’s 12-week course subject to a 6 week review and for relevant staff to share information for educational, wellbeing, safety, allergy-related, and interest-based planning purposes.

|  |
| --- |
|  |
| **Six-Week Review** |

## Date of Review

## Facilitator

## Observations / Progress

## ****Additional Information / Notes****

## Adjustments / Actions Required

## ****For Animal School Use Only****

| **Field** | **Details** |
| --- | --- |
| Date Received |  |
| Course Start Date |  |
| Assigned Facilitator |  |
| Risk Level / Precautions |  |
| Notes / Recommendations |  |