Children’s Therapy Services

Before completing this form please ensure you have accessed our training video which should have been sent to you with this form.

Request for Support

Schools and other professionals can make a request for support to Childrens Therapy Services, the criteria for support is as follows:

* Children and young people aged 0-18 years, or 19 if still in full time education, that have a Poole, Bournemouth, or East Dorset GP.
* Children that are having difficulties with everyday tasks (for example dressing, eating, toileting, handwriting, washing, grooming, playing/leisure etc). These difficulties should be more so than is expected for their cognitive level, and/or they are not making progress with these activities.

Exclusion criteria:

* Children who present with a primary mental health, emotional or behavioural difficulty

If you have any questions regarding this request please contact us on [cts.referrals@uhd.nhs.uk](mailto:cts.referrals@uhd.nhs.uk), a phone call can be arranged with you via email if required

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| **Request for Support** | | | |
| Name |  | Date of Birth |  |
| School |  | Address |  |
| Referee name and contact details |  | Parents contact details | *You can give us phone numbers and emails if parents have consented* |
| Any safeguarding issues:  *Are they under early help, child in need, child protection plan etc* | | Other professionals involved:  *Please consider making a paediatrician referral if appropriate. Please follow the behaviour and development pathway for this. Children will still need to see a paediatrician if there may be an underlying diagnosis that needs to be given.* | |
| Diagnosis or medical history:  *Previous clinic letters can be included if you have these* | | | |
| **Section 1**  What is your reason for making this request? | | | |
| Please describe the everyday activities the child is having difficulties with.  How long has this been a problem?  Where does this problem occur? Home v school  What are the child’s thoughts on their difficulties? | *Please stick to describing the everyday tasks they have difficulties with for example:*  *Handwriting is illegible*  *Struggle to catch a ball in PE*  *Needs support for dressing and undressing for PE*  ***Please do not write things such as:***  *Has fine and gross motor skill difficulties*  *Has hypermobility*  *Needs a sensory assessment or has sensory sensitivities/sensory seeking behaviours*  *Getting information from parents as well as school staff for this section will help us to make a more informed decision about what support is needed.* | | |
| **Section 2**  What has been tried already? | | | |
| What has / has not worked at school and home?  Why do you think strategies trialled have not worked?  Has the child been referred to our team in the past? If yes, when and what was the outcome?  e.g. learn 2 move, support in school, other agencies  If the child has completed learn 2 move please provide ABC checklist scores | *Please consider the use of programmes such as learn 2 move, handwriting without tears etc before requesting support from us.* | | |
| **Section 3**  What outcomes are you hoping to achieve? | | | |
| What would you like the child to be able to do or achieve as a result of this request for support?  What would the child like to achieve? | *Outcomes should be focused on the everyday activities for example*  *To be able to write a sentence legibly or without pain*  *To be able to dress and undress independently*  *To be able to use a knife and fork at meal times*  *To be able to effectively catch and throw a ball* | | |
| Are parents and child aware and have they given consent for this request for support? |  | | |

Please return this form via secure email to [cts.referrals@uhd.nhs.uk](mailto:cts.referrals@uhd.nhs.uk)

or via post to:

Children’s Therapy services

Child Development Centre

Poole Hospital

Longfleet Road

Poole Hospital NHS Foundation Trust

Dorset

BH15 2JB

Following your request a therapist will contact school and parents with the outcome and plan.