



123 MAGIC BEHAVIOUR MANAGEMENT PROGRAMME

Please complete ALL sections

1. Referrer Details

Referrer name:	Organisation:
Role:	Address:
Email:	Telephone:

Have parents/carer consented to referral?	Yes/No
Date consented NB please ensure parent knows what the programme is about before they consent, and check start date	
Date referral completed	

The programme is being delivered online via Microsoft Teams. Please ensure you put parents' email address below as confirmation letter and Teams link will be emailed to the parents.

2. Family Composition & Details

Parent/Carer

Name:	Name:
Relationship to child:	Relationship to child:
D.O.B:	D.O.B:
Address:	Address:
Ethnicity:	Ethnicity:
Phone number:	Phone number:

Email Address*:(Needed as it is an online programme)	Email Address*:(Needed as it is an online programme)
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Details of Child/children/Young Person with the additional need(s)

Name			
Gender		Diagnosed /Undiagnosed	
D.O.B		Any medication	
Ethnicity		Any other information facilitator needs to know	
School/ Year		LCS Number (if known)	

Any other siblings:

Name	D.O.B	Gender	School/Year	Any diagnosis/special needs

3. Communication

Is English the family's first language:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please state the first language	<Main spoken language>
Is interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>
NB We cant provide an interpreter as it is group online	

Please state below your concerns and what you wish to achieve from the behaviour management programme.

Please submit the completed form to FFISgroupprograms@hounslow.gov.uk

Once referral is received, we will make contact via phone or email to inform parent of the start date of the programme. Thank you.