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Referral form for ND:well groups with Tailor Ed

**Our groups are for children and young people aged between 5 and 16 years old, living in Edinburgh who are autistic. They may also have additional diagnoses.**

**We accept referrals directly from children and young people, their parents or professionals.**

**Please complete this form and send to** [**NDwell@tailoredfoundation.co.uk**](mailto:NDwell@tailoredfoundation.co.uk) **Any queries, please contact us.**

|  |  |
| --- | --- |
| **About the child or young person being referred** | |
| Name |  |
| Address inc. postcode |  |
| Contact number (for CYP directly) |  |
| Email (for CYP directly) |  |
| Date of birth |  |
| School and class (if applicable) |  |
| Diagnosis (list all) |  |
| Parent/Carer Name |  |
| Contact number & email address |  |

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| **Is the CYP and/or their parent aware you are making the referral?**  **(If CYP does not know, please explain reason.)** |  |

|  |  |
| --- | --- |
| **About the professionals involved (if applicable)** | |
| Name of referrer |  |
| Job title |  |
| Organisation/service |  |
| Address |  |
| Phone |  |
| Email |  |
| Other professionals involved (please include job title/organisation and contact details) |  |

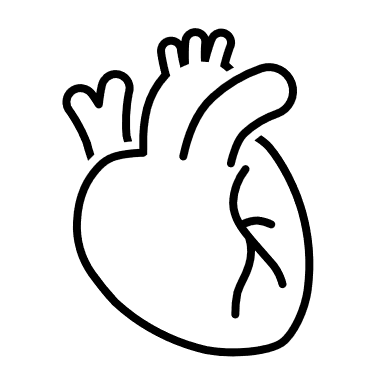
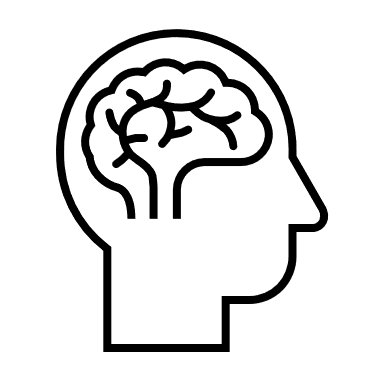
**Below is a brief overview of each group to help you assess whether it would be suitable.**

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| **Understanding Autism Group** | **Wellbeing Group** |
| Runs over 5 consecutive sessions  Up to 6 Young people with 2 facilitators  Sharing information via projector, opportunities to relate to personal experiences but active participation is not required  **Topics:** what is autism, sensory differences, energy management, information processing, social interaction, and relationships.  Best suited for young people with a recent diagnosis, or diagnosed very young who know little about Autism. | Runs over 7 consecutive sessions  Up to 6 Young people with 2 facilitators  Sharing information via projector, opportunities to relate to personal experiences but active participation is not required  **Topics**: Special interests, habits, body and energy as resources, sleep, emotional and sensory regulation, finding your tribe.  Best suited for young people who have a fair understanding of Autism and would like to deepen their knowledge |

**Please complete the following information in full. Use as much space as required.**

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| **Describe how the young person will benefit from attending a group** (include goals, current/recent  areas of challenge, reference to GIRFEC/SHANARRI and/or the CYPs own views)**:**  **Does the young person have any accessibility needs?** (Mobility, sensory, disability.)  **Are there any risks we need to be aware of?** (Risk of meltdowns, aggressive behaviour towards others including adults)?  **Please describe the ways we can support the young person whilst attending groups** (e.g. specific sensory items, adult sitting nearby, movement breaks.)**:**  **Any transport requirements to enable the young person to attend groups?** |

**Which group(s) would the young person like to attend?**

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**Understanding Autism group Wellbeing group**

**Y/N Y/N**

**Please email your completed form to** [**NDwell@tailoredfoundation.co.uk**](mailto:NDwell@tailoredfoundation.co.uk)

**We will be in touch to confirm receipt of the referral so please contact us if you don’t hear from us.**

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***For office use only***

|  |  |
| --- | --- |
| Date referral received |  |
| Data capture completed |  |
| Internal Reference No |  |

|  |  |
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| **Outcome of referral** |  |
| Service(s) offered |  |
| Did not progress |  |