

**For Office Use Only:**  
Date Received:  
Place Offered: Y / N  
Meeting Date:  
Start Date:



**Linn Dara School**  
**Foghlaim don Saol**

**Linn Dara School**  
**Transition Programme**  
**Referral Form**

**STUDENT DETAILS**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ mths  
Home Phone: \_\_\_\_\_ Student Mobile: \_\_\_\_\_  
PPSN: \_\_\_\_\_ Nationality: \_\_\_\_\_

**PARENT/GUARDIAN DETAILS**

**Mother:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Parent/Guardian email address: \_\_\_\_\_  
Legal Guardian: **Yes/ No (please circle)**  
Has consent for this referral been given? **Yes/ No (please circle)**

**Father:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Parent/Guardian email address: \_\_\_\_\_  
Legal Guardian: **Yes/ No (please circle)**  
Has consent for this referral been given? **Yes/ No (please circle)**

## SCHOOL DETAILS

School: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Principal: \_\_\_\_\_

Year Head: \_\_\_\_\_

Nominated Link Person: \_\_\_\_\_

Last day at school: \_\_\_\_\_ School Year (level): \_\_\_\_\_

Diagnosed SEN: \_\_\_\_\_

## CAMHS Team Details

Referred by: \_\_\_\_\_ Role: \_\_\_\_\_

CAMHS Team: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone of referring agent: \_\_\_\_\_

Email of referring agent: \_\_\_\_\_

Length of time working with student: \_\_\_\_\_

## Identified person on the referring CAMHS team who will liaise with Linn Dara School staff throughout the programme duration:

Name:	Contact No and Email Address:
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**Please outline the reasons for referring the student to Linn Dara School Transition Programme.**

**What has been the students' experience of school/education to date?  
Was Junior Certificate or equivalent completed?**

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**What are the students' strengths and needs?**

<b>Strengths</b>	<b>Needs</b>

**Please outline the students' views and expectations of participating in this programme.**

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**Please outline the parents/guardians views and expectations of participating in this programme.**

**Has the student participated in any other educational interventions to date? If yes, please give details.**

**Please outline the nature of the students' referral to CAMHS and therapeutic interventions to date.**

**Risk - Please specify circumstances where the student or others have been at risk including behaviours of concern, incidents of violence and/or self-harm etc. which the student has been involved in.**

**What are the potential risk factors for this student?**

**Outline student's strategies for managing risk to self and others.**

**Outline any current stressors for the student.**

**Any other information regarding risks or safety concerns for this student.**

**Please outline any potential barriers or difficulties which may affect student participation in the Linn Dara School Transition Programme.**

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**Is the student on the waiting list or being referred to any other mental health service (please fill in details):**

<b>Day Hospital:</b>	<b>Inpatient Unit:</b>
<b>Adult Community Mental Health Team:</b>	<b>Other: (Please specify)</b>

**Please include any relevant assessments with this form.**

**Please complete fully and return by post/fax/email to:**

Linn Dara School Transition Programme  
Linn Dara CAMHS Inpatient Unit  
Cherry Orchard Hospital  
Dublin 10

**Phone: 076 6956525**

**Fax: 01 4370782**

**Email: [info@linndaraschool.ie](mailto:info@linndaraschool.ie)**