



DALLIMORE PRIMARY AND NURSERY SCHOOL



YOUNG CARERS REFERRAL

Your name:	
Child's name:	
Class:	

Reason for referral  
(include as much detail as possible and summary of any conversations with either child and/ or parent)

What support (if any) is currently in place eg Thrive time, reduced demand for completion of homework etc

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Is the child aware of this referral?	Yes/ No	Is the parent aware of this referral?	Yes/ No
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Any additional information:	
Signed:	
Date:	

