



Parent/Carer/Interview Form



Confidential

Parent/Guardian Referral Form

Demographic Data

Name of Parent: Name of Child:

Ethnic Origin: Language of the Family:

Address: Mobile: Mobile:

How long have your family lived in the area?

Other Agencies involved with your Family?

Where Appropriate:

How long have your family been in the country?

Family: Please tick the box for the family structure as reported by the parent:

Both parents / Lone parent / Foster parent / Step parent / Child in Care /
Other

Who is there living at home?

Who has a special relationship with the child?

Has she/he/they had to cope with anything really difficult?

What are the best things that happened to them/him/her?

Reasons for Referral:

Do you the parent know why your child is being referred to Play Therapy (if through school/organisation?)

What do you the parent know about Play Therapy?



What do you the parent hope will happen as a result of the child going to Play Therapy?

Please record 4 specific changes, if possible:

1

2

3

4



5 Further Details

How is your child at home?

How does your child gets on with other family members?

What are your child's good points?

What behaviours give rise for concern?

Further Comments:

Please email this completed form to: PlayTherapyCoClare@gmail.com