**Single Point Referral**

**Pupil view**

**Pupil being referred:** Click here to enter text.

**Referring School:** Click here to enter text.

**Date of referral:** Click here to enter a date.

**Following consultation with the child, please outline their views regarding what they do well, what they find challenging, what they wish for their future and how they feel about the referral. Please complete this document and attach it to the SPR form.**

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