

Cantrell Primary School Counselling Referral Form

Please complete this form to refer your child for a counselling assessment with the school's counselling service.



Name of pupil:		Gender:	Ethnicity:
Age:	Year/class:	Any family members within school staff: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name:	Role:
		<i>Please note- pupils with family members in school's core staff (Teachers/TAs/SLT) need a referral to an external provider to avoid any conflicts of interest. Support via: Ask Lion-MHST.</i>	
Referred by: (please print full name)		Address of referrer:	
Please give relationship to pupil:			
Parent/Carer			
DATE:		Telephone number:	

<p>Please tick or highlight your area(s) of concern:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anger management <input type="checkbox"/> Bullying <input type="checkbox"/> Social skills/Friendship problems <input type="checkbox"/> Negative attitude <input type="checkbox"/> Withdrawn/Shy <input type="checkbox"/> Uncooperative/Defiance <input type="checkbox"/> Anxiety <input type="checkbox"/> Sadness <input type="checkbox"/> Fears <input type="checkbox"/> Eating 	<ul style="list-style-type: none"> <input type="checkbox"/> Theft/Vandalism <input type="checkbox"/> Adjustment <input type="checkbox"/> Family Conflict/ Divorce <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Health (pupil or family) <input type="checkbox"/> Grief (loss/ death) <input type="checkbox"/> Honesty <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Other... Please state:
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Concerns:
Please expand on each area of concern for the pupil e.g. if you have highlighted 'anger management' above please explain further.

How long have you been concerned about this?
Is the pupil's teacher aware of your concerns? <i>(Please speak to the class teacher as there may be more that can be offered in class before counselling)</i>
Interventions given in relation to these difficulties and response to these interventions: <i>(e.g. regular time to talk with staff member or adult at home, peer buddy, fidget toy, calming space etc)</i>
Is the pupil receiving any type of support at the moment? <i>(e.g. at school, at home or outside agencies)</i>
Any other relevant information? <i>(e.g. medical diagnosis, safeguarding -please be specific- this form is confidential)</i>

Once completed, either email the form to counselling@cantrell.nottingham.sch.uk or leave with the school office in a sealed envelope marked: **Private and Confidential - F.A.O Counselling Service**. Once your form has been received you will be contacted as soon as possible via letter, email or telephone.

Action taken: (SERVICE USE ONLY)

Referral Approved: YES/NO	Date of Pupil Assessment:
Contact made with parent/carer to discuss referral: YES/ NO Date:	Counselling Offered: YES/NO
Date of Assessment: Assessment Attended: YES/NO	First Session Date: