

Cantrell Primary School Counselling Referral Form



Please complete this form with as much information as you feel comfortable with.

Name of pupil:		Year/class:	
Age:		Gender:	Ethnicity:
Referred by: (please print full name)		Address of referrer:	
Please give relationship to pupil:			
Parent/Carer			
DATE:		Telephone number:	

Please tick your area(s) of concern:	
<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 Withdrawn/Shy 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"/> Theft/Vandalism <input type="checkbox"/> Adjustment <input type="checkbox"/> Family Conflict/ Divorce <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:

Concerns:
It would be helpful if you could say more about your area(s) of concern for the pupil.

How long have you been concerned about this?

Is the pupil's Teacher aware of your concerns?

Interventions tried (previously or recently):
 (e.g. regular time to talk with staff member or adult at home, peer buddy etc)

Is the pupil receiving any type of support at the moment?
(e.g. at school, at home or outside agencies)

Any other relevant information?

Once you have completed this form, please either email the form to counselling@cantrell.nottingham.sch.uk or send the form in a sealed envelope to the school address, marked private and confidential and addressed to the Counselling Service. Alternatively, you can pass the envelope to a member of staff. Once your form has been received you will be contacted as soon as possible via email or telephone.

Action taken: (SERVICE USE ONLY)

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