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| **SCHOOL COUNSELLING REFERRAL FORM****CONFIDENTIAL** |
| **CODE** | **DOB** |
| **CHILD’S NAME** | **M / F** |
| **Living with (name)** |
| **Relationship to child** |
| **Address** |
| **Tel:** |
| **Ethnic origin of child (please circle)****White:** British/Irish/Other white background**Black or Black British:** Caribbean/African/Other black background**Asian or Asian British:** Indian/Pakistani/Bangladeshi/Other Asian background**Chinese or other ethnic group:** Chinese/any other**Mixed:** white and black Caribbean/White and black African/White and Asian/Other mixed background. |
| **Child’s first language** |
| **Any special needs** |
| **Does the child have an EHC plan? YES / NO** |
| **Is the child “looked after” by the local authority YES / NO** |
| **Name of School**  |
| **Class/tutor group** | **Year** |

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| **SCHOOL COUNSELLING: PUPIL BACKGROUND (to be completed by school)****CONFIDENTIAL****IMPORTANT**Please do not name the child on this form, please use “he” or “she”Hand this background information to the counsellor with the referral formDo not retain this for the child’s school record. |
| **Reason(s) for Referral (please be specific)** |
| **Relevant background information (e.g. family, hospitalisation, other agency involvement)** |
| **How is child functioning in school (academically, socially, behaviourally)?** |
| **How do you hope/expect counselling to help this pupil?** |
| **Has the pupil been consulted? YES /NO****Has the pupil been given printed information about counselling? YES /NO****What is pupil’s attitude to the suggestion of counselling?** |
| **Has the parent/carer been given information about counselling? YES /NO****Parent/Carer consent signed and returned? YES /NO****Parental consent is not needed because the child is assessed as competent to agree**  |