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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** |