**School Counselling and ELSA Referral Form**

|  |  |
| --- | --- |
| Name of student |  |
| If not self referral name of staff/parent making the referral |  |
| Please confirm the student is aware of the referral | Y/N |
| Year |  |
| Age |  |
| Tutor Group |  |

|  |
| --- |
| Reason for referral? |
|  |
| How long have you been feeling like this? |
| Are you parents / carers aware that you are requesting support? |
| \*Year 7 to 11 parents / carers do not need to be involved in the counselling or ELSA work but they do need to be award that you are seeing the School Counsellor or ELSA |

Student signature:

Parent signature: (if aware of referral)

Date

Please hand completed forms into your House Head Office, to the School Counsellor in room E132 or to email hperkins@stbarts.co.uk