**School Counselling and ELSA Referral Form**

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| **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** |  |

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| **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**

**Date**

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