

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	
Student school email address (NB contact will be via email)	
Parent/carer email address	

Reason for referral?
How long have you been feeling like this?
Are you parents / carers aware that you are requesting support?
<p><small>*Year 7 to 11 parents / carers do not need to be involved in the counselling or ELSA work but they do need to be aware that you are seeing the School Counsellor or ELSA. Please note counselling sessions are confidential – however, these can be breached if any concerns of serious risks of harm to the client or someone else are mentioned.</small></p>

Student signature:

Parent signature: (if aware of referral & giving permission for counselling)

Date:

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