



St Joseph's School

REFERRAL FOR COUNSELLING

Name of Student: _____

Year Group: _____ House: _____ DATE _____

Referring person:

Self-referral

Parent referral

Staff referral (House Co / HOS)

Reason for referral:

Any actions taken prior to seeing Counsellor:

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Are there any agencies/professionals currently working with or involved with this student (eg CAMHS, Headspace, psych etc)

Signature of referring staff member or parent _____

Name of referring staff member or parent _____

Date _____

Approval for referral by HOS if coming from a staff member _____

Date _____