



Counselling Referral Form for Parents: **Strictly Private and Confidential**

(If anyone is in immediate danger, then please ensure that you have notified your GP or 111/999. This is not a crisis service. Thank you.)

Child's Name:	D.O.B.	Date of referral:
Person referring the child:	Relationship to the child*:	Contact details (email / mobile)
Please tick any areas of concern:		
Attitude towards school	Home / Family issues	Homework
Classroom behaviour	Playground behaviour	Obsessions or compulsions
Study skills	Peer relations	Staff relations
Specific behavioural concerns	Other:	

Please give a description of your concerns. Be as specific as you can including any relevant background or life events.


(Please continue overleaf if you want to.)

Is there anything significant that has happened in the child's early life that you consider might be part of the issue for your child?


Have you discussed the prospect of counselling with the child? If so, what did you tell them? What did they say?

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What is your aspiration for them if they come to Counselling?


Are any other professionals involved with the child? If so, please give details e.g. Paediatrician.


How is the child in the classroom? Please comment upon communication / social, academic attainment and behavioural observations. Are school aware of your concerns and taking any action?


If your child has received a diagnosis of any description, do they know about it? If so, how were they told?


If you have any other relevant information, then please continue on the back of this page. Thank you.

Please ensure that you have also read and signed:

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Privacy and Confidentiality Policy

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Counselling Contract

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\*If there is joint custody of your child, please consider discussing this referral with the child's other parent. Thank you.