



Referral Form for school counsellor (parent/teacher)

Thank you for filling in this form. Please ensure the student is aware of this referral. Please either email this form to Lucy Warren or hand a hard copy into the Pastoral Team Office. Any questions please email directly (lwarren@ola.org.uk). Many Thanks.

Name of referrer:

Name of student being referred:

Year:

Head of Section:

Main reasons for requesting support (please also include any issues relating to the student's safety, for example, concerns about self-harm or suicidal ideation):

Is the pupil currently receiving support from any other professional or have they in the past?
Please provide details