Welburn Hall School Counsellor Referral Form

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| --- | --- | --- |
| Date: | Referrer: | Student: |
|  |  |  |

Reason for referral:

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What work has already been done:

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What is the goal and what would better look like:

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On the scale indicate how serious the issues are (1 not serious – 10 extremely serious):

1 2 3 4 5 6 7 8 9 10

Parent/carer signature, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date passed to Counsellor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counsellor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_