



TORQUAY GIRLS' GRAMMAR SCHOOL

Student Counselling Referral Form

Please return to: counsellingsupport@tggsacademy.org

1. Details of young person who is referring

First Name:

Last Name:

Form:

Preferred Name:

Any known disability (academic or physical)

2. Supporting Information

Please provide any relevant information relating to family history, family composition, family functioning, well-being, wider family, housing, financial considerations, social elements, etc. Continue on a separate sheet if necessary.

3. What are your main areas of concern?

Rate as appropriate from 1-5 where 1=mild concern and 5=extreme concern that requires immediate intervention. You do not have to respond to areas where you have no concerns. Where score is 3 or above please include a short comment:

General Health	<input type="text"/>	<input type="text"/>
Physical issues (including self-harm)	<input type="text"/>	<input type="text"/>
Social behaviour	<input type="text"/>	<input type="text"/>
Emotional behaviour (e.g. panic attacks)	<input type="text"/>	<input type="text"/>
Self-care	<input type="text"/>	<input type="text"/>
Self-esteem	<input type="text"/>	<input type="text"/>
Peer relationships	<input type="text"/>	<input type="text"/>
School avoidance	<input type="text"/>	<input type="text"/>
Bereavement or pre-Bereavement	<input type="text"/>	<input type="text"/>

4. What would you like to change or improve?

At school:



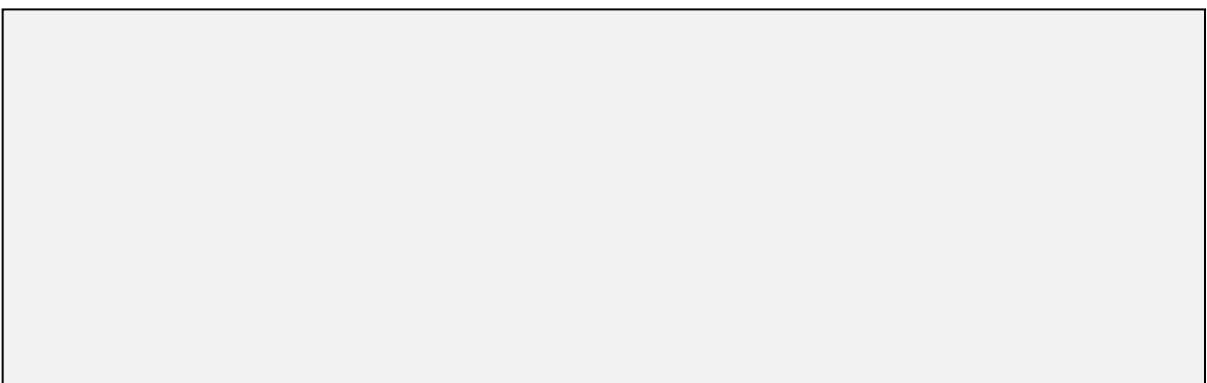
At home:



With friends:



For yourself:



4. What actions have already been taken to support you?

Intervention offered by:

Type of intervention:

Date:

Outcome of intervention:

Intervention offered by:

Type of intervention:

Date:

Outcome of intervention:

Intervention offered by:

Type of intervention:

Date:

Outcome of intervention:

Intervention offered by:

Type of intervention:

Date:

Outcome of intervention:

Intervention offered by:

Type of intervention:

Date:

Outcome of intervention: