



# TORQUAY GIRLS' GRAMMAR SCHOOL

## Parent/Carer Counselling Referral Form

Please return to: [counsellingsupport@tggsacademy.org](mailto:counsellingsupport@tggsacademy.org)

### 1. Details of person making the referral

Name of person making referral:

Relationship to young person:

Mark the box if you have discussed this referral with the young person

Mark the box if you have spoken with the Head of Year / Form Tutor about this referral

### 2. Details of young person who is being referred

First Name:

Last Name:

Form:

Preferred Name:

Any known disability (academic or physical)

### 3. 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.

#### 4. 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"/>

#### 5. What would the young person like to change or improve?

At school:

At home:

With friends:

For themselves:

4. What actions have already been taken to support the young person?

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: