

Varndean School Support

Referral Form for Students

Referral Guidelines

1. To refer yourself for support please complete this form and email it to counselling@varndean.co.uk
2. Every Wednesday, support staff will meet to determine the appropriate interventions for you and action will be taken.
3. Please provide as much information as possible.

Information

Name: _____ Date of Birth: _____
Form: _____ School Base: _____

Referral Information

Please describe your problem and why you are seeking support.

Are parents aware of this referral? Yes No

Are any other agencies working with you? Yes No

If yes, please list other agencies involved:

How urgent is this referral?

10 – Highest level of Concern 0-Lowest level

1 2 3 4 5 6 7 8 9 10

For Support Staff Use Only

Date Received: _____ Date of Triage _____

OUTCOME: