



EMMANUEL CHRISTIAN SCHOOL

"A thriving Bible-based learning community"

"Kia rite tā koutou haere ki tā ngā tamariki o te mārama. walk as children of light"

REFERRAL FORM FOR IN-SCHOOL COUNSELING

Student Name: _____

Student D.O.B.: _____

Name of Home Room teacher: _____

Reason(s) for referral request: _____

Has the student received counselling before? **YES** **NO**

Details: _____

Does the student know you are filing this referral? **YES** **NO**

Details: _____

Level of urgency: **NON-URGENT** **MODERATE** **URGENT**

Date: _____

Caregiver name and contact details: _____