

Counselling Self Referral FORM

(Years 7 and 8 only)



**KOHIMARAMA
SCHOOL | EST. 1921**

Date: __/__/____

First Name:	
Last Name:	
Class:	Year Level:
Team:	Teacher:

REFERRAL DETAILS

Reason for your Self Referral - Background Information and Counselling Focus:

By filling in this form I understand that my parents will be informed that I have made a self referral. However, I understand that whatever happens in my counselling sessions will remain confidential unless the Counsellor feels I am (or others) are unsafe, then the Counsellor will follow school procedures to support me.

Student signature: _____

Once this form is completed, fold it in half and place it in the box in the main office.

Counsellor use only	Signature	Date
High Priority	Medium Priority	Low Priority