**Psychoeducation for Schools**

Please complete the referral form below if you would like to have arrange an informal conversation about how we could support you and your school's student emotional health and wellbeing through our comprehensive Psychoeducation program.

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| **Name** |  | **Role** |  |
| **Name of School, or Educational Establishment.***(Please name the school that the child is currently registered to, attended last, or was last registered to, if de-registered.)* |  |

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| **Email Address** |  | **Contact number (opt)** |  |
| **School, Educational Establishment Address** |  |

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| **What are you concerns around student emotional health and wellbeing?** |
| **What Year Group(s) would you like the support for?** | **(place X in the box)** |
| Year 7 |  |
| Year 8 |  |
| Year 9 |  |
| Year 10 |  |
| Year 11 |  |
| **Other:**  |

|  |  |
| --- | --- |
| **How long have you been concerned about the emotional health and wellbeing of learners in the school?** | **(place X in the box)** |
| Starting to show difficulties |  |
| 1 – 6 Months |  |
| 6 – 12 Months |  |
| 12 – 18 Months |  |
| Over 18 Months |  |
| Other: |
| **Additional Comments:** |

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| **What support and learning is in place, or has been in place in the past?** |

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| **Further information** |

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| **Name** |  |
| **Date** |  |
| **Signature** |  |