**Cheadle Catholic Junior School**





**Well-being referral form**

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_

Person making referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of referral:\_\_\_\_\_\_\_\_

Reasons for referral eg: Social skills, friendships/relationships, anger, loss and change, self-esteem, anxiety.

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Strategies already tried and outcomes of these:

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Any other comments eg: impact on attendance, lateness, progress, etc…

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Please complete the following questionnaire for your child and return all documents to the class teacher for referral.