



MHST self-referral form

Please complete this form if you would like your details to be passed on to the Mental Health Support Team.

Name of the young person: _____

Date of birth: ___/___/_____ Form/class: _____

Please give reasons as to why you are making this referral. *For example, is your child anxious about going to school? Do they struggle with routine or challenging behaviour? Does your child's anxiety or challenging behaviour affect them at school or home? How is this affecting family life?*

Please tick this box to confirm you are happy for these details to be passed to the Mental Health Support Team.

Once you have completed this form, please return it to the school reception.