



REFERRAL TO SCHOOL COUNSELLOR

For completion by **PARENT / CAREGIVER / TEACHER**

Privacy Notice: This information is being obtained to assist the School Counsellor in providing support for your child. It may, as appropriate, be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the School Counsellor

Student's Name: _____ Date of Birth: ____/____/____ Year Level: _____ Date of Referral: ____/____/____

<p>Reason for Referral:</p> <table> <tr> <td><input type="checkbox"/> Family circumstances</td> <td><input type="checkbox"/> School Attendance</td> </tr> <tr> <td><input type="checkbox"/> Behaviour</td> <td><input type="checkbox"/> Mental/Emotional Health</td> </tr> <tr> <td><input type="checkbox"/> Peer Relations</td> <td><input type="checkbox"/> Academic Performance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other.....</td> </tr> </table>	<input type="checkbox"/> Family circumstances	<input type="checkbox"/> School Attendance	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Peer Relations	<input type="checkbox"/> Academic Performance		<input type="checkbox"/> Other.....
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	<input type="checkbox"/> Other.....							
<p>What concerns do you have?</p> 								
<p>Previous assessments: e.g. by Dr, Psychologist, Speech Therapist (please say who and attach copies of reports if possible)</p> 								
<p>What are your child's/young person's strengths?</p> 								
<p>What do you hope will happen as a result of this referral?</p> 								



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What is the child or young person doing? (eg not following instruction at home or school, getting into conflict with others)	What is/might the child or young person be feeling? (eg sad, angry, anxious)	What is/might the child or young person be thinking? (eg I'm missing my family, or nobody understands me)	What learning areas are being affected? (eg difficulty concentrating)	What social areas are being affected? (eg avoids group situations)

When and where do these concerns/events occur? (one setting or multiple settings)

I have read the Privacy Notice and give permission for the school counsellor to:

Carry out assessment and counselling as required: **YES / NO**

Contact the external support agencies to seek advice:
Agencies listed: _____ **YES / NO**

Exchange information with these agencies: **YES / NO**

Parent name: _____ **Mobile:** _____

Parent/caregiver's signature: _____ **Date:** __/__/____

Head of School comments and recommendations:

Head of School signature: _____ **Date:** _____