REFERRAL TO SCHOOL COUNSELLOR - FOR COMPLETION BY PARENT

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: _____

Reason for referral / what concerns do you have?

Developmental History (eg has your child ever been seriously ill or had an accident?)

Previous assessments: eg by Dr, Psychologist, Speech Therapist (Please say who and attach copies of reports if possible)

Is there anything else you would like the school counsellor to know?

What do you hope will happen as a result of the school counsellor seeing you child?

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 authors of the reports I have provided from the agencies listed: _____ **YES** ☐ **NO** ☐

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

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

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