

PERMISSION FOR REFERRAL TO WILLMOT PS LEARNING & SUPPORT TEAM

Our students' learning and wellbeing is at the centre of all we do. We encourage parents and carers to advise our school of any learning and wellbeing concerns that you have for your child, so that this can be reviewed by our Learning and Support Team. Our Learning and Support team may then organise and implement a range of strategies and/or services to better support your child whilst they are at school.

Student Name: _____

Grade / Class: _____ DOB: _____

Reasons for referral / what concerns do you have?

Parent / Carer Declaration

I have read the Privacy Notice ☐ Yes ☐ No

I give permission for the Willmot PS Learning and Support Team to review this referral ☐ Yes ☐ No

I consent to my contact details being provided to the School Counsellor or other
Therapists / Services recommended by Willmot Public School ☐ Yes ☐ No

I have provided copies of reports or assessments in relation to the above concerns ☐ Yes ☐ No

I have completed an Exchange of Information Form ☐ Yes ☐ No

Parent / Carer Name: _____

Parent / Carer Signature: _____ Date: _____

Please contact the school if you would like help to complete this form.

PRIVACY NOTICE

This information is being obtained to assist the Learning and Support Team 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 on 9628 0222.