

CONFIDENTIAL Counselling Referral Form Parent/Guardian



INFORMATION

Student's Full Name:	School:
DOB:	Class Teacher:
Gender:	Grade/ Class:
Main Language spoken at home:	Aboriginal <input type="checkbox"/> Torres Strait Islander Background <input type="checkbox"/>
Mother's Name:	Father's Name:
Address:	Address:
Phone (wk):	Phone (wk):
Phone (h):	Phone (h):
Phone (mob):	Phone (mob):
Email:	Email:
Please indicate best method of contact and most convenient time for calls.	
Others who reside at the above address (including siblings and their DOB):	Others who reside at the above address (including siblings and their DOB):
DOB:	DOB:
DOB:	DOB:
DOB:	DOB:
Please indicate if there is a court order in place and provide a copy.	

BACKGROUND TO REFERRAL

1.	Area(s) of Concern
----	--------------------

2.	Are you able to identify triggers for this concern (ie particular times of the day, during specific activities or when the child is with particular people?)
3.	How frequent are these concerns?
4.	Are there any factors you are aware of that may have contributed to the current concerns (ie change of school, health issues, home issues)
5.	Have you previously discussed your concerns with any staff member at the school?

HEALTH Please make relevant medical report(s) available.

Does your child have any significant medical conditions?
Does your child have any significant learning difficulties/ diagnosis?
Please indicate if your child has had past or current involvement with any outside agencies (ie paediatrician, psychologist, psychiatrist, speech pathologist, occupational therapist, optometrist, audiologist)

What are your child's strengths and interests?	
<i>Strengths</i>	<i>Interests</i>

PARENT/GUARDIAN CONSENT

Counsellors work in partnership with schools, parents and other service providers. Some of the services that may be provided for your child are - educational assessment, group or individual counselling, consultation with parents, school personnel and other agencies.	
I understand that Counsellors carry out educational and/or psychological evaluations.	
A.	I consent to my child being seen by a Counsellor Yes <input type="checkbox"/> No <input type="checkbox"/>
B.	I consent to the exchange of relevant verbal and written information with other agencies that are/have been involved. Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed _____ Date _____	

Please contact the school if you require further information in regards counselling