

Student: _____

Date of Birth: ____/____/____

Date of Referral: ____/____/____



Asquith Girls High School
 Nurturing personal best and global citizenship
 In every student by providing a safe and vibrant
 Learning environment with inspiring teaching

Elizabeth Amvrazis
 B ASc Dip Ed
 Principal

REFERRAL TO SCHOOL COUNSELLOR
 from Learning Support Team / Student Welfare Committee

For completion by **PARENT/CAREGIVER**

I am requesting that the School Counsellor talk with my child
 (Please speak with the Year Adviser or Head Teacher Wellbeing if you would like help to complete this form)

AS SOON AS POSSIBLE: Yes / No or AFTER THE SCHOOL COUNSELLOR AND I TALK: Yes / No

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.

Reason for referral/what concerns do you have?

Previous assessments: eg: Doctor/Psychologist/Speech Therapist (Please say who and attach copies of reports if possible)

What do you hope will happen as a result of the School Counsellor seeing your child?

I have read the Privacy notice and give permission for the School Counsellor to:

Carry out assessment and counseling as requiredYes / 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 signature: _____ Date: ____/____/____