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| --- | --- | --- | --- |
| **Student Background** | | **PRIVACY NOTICE** | |
| **Student name** |  | 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. | |
| **School** |  |
| **Date of birth** |  |
| **Date of referral** |  |
| **Please speak with the your child’s class teacher or the School Counsellor if you would like help to complete this form** | | | |
| **Reasons for referral / what concerns do you have?** | | | |
| *Briefly describe concerns:* | | | |
| **Developmental history** *(e.g. has your child ever been seriously ill or had an accident)* | | | |
| *Briefly describe illness or accident:* | | | |
| **Previous assessments** *(e.g. Doctor, Psychologist, Speech Therapist, Paediatrician)* | | | |
| *Please describe any previous assessments and the outcomes of the assessment/s:*  ms | | | |
| **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 your child?** | | | |
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|  |  | | |
| **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 reports I have provided from the agencies listed:  *Agencies:* | | | **YES / NO** |
| Exchange information with these agencies: | | | **YES / NO** |
| **Parent / Caregiver signature: Date:** | | | |



**School Counsellor Parent Referral Form**