

# Referral to School Counsellor/School Psychologist

## From Learning and Support Team

**Privacy Notice:** This information is being obtained to assist school counselling staff in providing support for your child. Provision of this information is voluntary. It will be stored securely. The information collected, and any assessment results, may, as appropriate, be provided to other members of the school staff involved in supporting your child. You may correct any personal information provided at any time by contacting the school counselling staff member.

Please contact the school if you would like help to complete this form. If you need interpreter assistance to contact the school, call 131 450 tell them what language you need and ask the operator to phone the school. The operator will get an interpreter on the line to assist you with your conversation. You will not be charged for this service.

Name of student

Name of school

Date of birth

Date of referral

**Parent or carer to complete the information below in English - please add a page if space is insufficient.**

Reason for referral/parent's concerns

Developmental/medical history

For example, Have you had concerns about your child's speech, language or motor development? Has your child had any significant illness?

Previous assessments

For example by doctor, psychologist, speech therapist (Please say who provided assessment and attach reports if possible.)

More information

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

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

**I have read the Privacy Notice and give permission for the school counsellor/school psychologist to:**

Carry out assessment and counselling as required	Yes	No	
Contact the authors of the reports I have provided	Yes	No	
Exchange information with these agencies	Yes	No	Reports from

Signature of parent/carer

Date