

Referral to School Counsellor/ School Psychologist

From Learning and Support Team

For completion by **PARENT OR CARER**

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.

Student's Name

School

Date of Birth

Year or Grade

Date of referral

Reason for referral / what concerns do you have?

Developmental / Medical History (e.g. Have you had concerns about your child's speech, language or motor development? Have they had any significant illness?)

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

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 Reports from:

Exchange information with these agencies: YES NO

Parent / carer's signature:

Date: