KELLYVILLE RIDGE PUBLIC SCHOOL

Cnr Singleton Avenue & Greenwich Street Kellyville Ridge NSW 2155
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PARENT REFERRAL TO SCHOOL COUNSELLOR

For completion by PARENT OR CARER.
Please sign below to give your permission for school counsellor support.

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.

Student's Name: _____

Date of Birth: _____

Date of this referral: _____

Parent/carer name: _____

Please speak to the class teacher or Learning & Support Teacher if you would like help to complete this form.

Reason for referral / what concerns do you have?

Developmental History (e.g. has your child ever been seriously ill or had an accident?)

Previous assessments: eg by Paediatrician, Psychologist, Speech Therapist, Occupational Therapist, other agencies?
(Please say who and attach copies of reports if possible.)

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?

I have read the Privacy Notice above and give permission for the school counsellor to:

Carry out assessment and counselling as required…….. YES / NO
Contact the authors of the reports I have provided from the agencies listed:……. YES / NO
Exchange information with these agencies…….. YES / NO

Parent/carer's signature: _____ _____ **Date:** _____