



Learning Support Team Parent Referral Form

Child's Background Information

Child's Name:	Date of Birth:
Grade:	Class:
Language background:	Teacher's name:

Parent Information

Parent's Name:	Parent's signature:
Date of referral completion:	

Concerns – please indicate possible concerns for your child by writing 'yes' or 'no' next to the relevant concern

Academic:		Behaviour:	
Welfare:		Social/Emotional:	
Physical:		Health:	

Briefly describe any concerns:

Have you spoken with your child's teacher about your concerns? Yes No

Child's strengths

Please describe your child's strengths in terms of academic and social areas:

Attendance – please indicate your child's attendance pattern by writing 'yes' or 'no' next to the relevant description

Regular:		Arrives late:	
Whole day absences:		Partial absences:	



Health check: please indicate if your child has had the following checks or outside school specialist support (write 'yes' or 'no' next to the relevant health check or specialist support).

- Please note – could you please provide your child's teacher with a copy of any relevant health or specialist agency / doctor's reports or information that may assist the Learning & Support Team

Eye test:		Hearing test:	
Speech Pathology:		Occupational Therapy:	
Paediatrician assessment:		Other: (please identify and describe)	

Medical Health Problems: Please describe any health problems your child may have as well any concerning results from health checks or specialist support personnel.

Other school based support previously accessed for your child

Please describe any support that your child may have received in the past e.g. help from the Learning and Support Teacher (L&ST), English as a Second Language (ESL) teachers or participation in the Reading Recovery program in Year 1:

Positive strategies previously used

Please describe any strategies that may have worked with your child in the in the past

Additional information that you think is useful (e.g. not living at home)



School Counsellor Parent Referral Form

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:

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 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: <i>Agencies:</i>	YES / NO
Exchange information with these agencies:	YES / NO

Parent / Caregiver signature:	Date:
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School Counsellor Parent Referral Form

PERMISSION FOR STUDENT TO BE ASSESSED BY THE SCHOOL COUNSELLOR

Dear _____

(Parent/Caregiver's name)

The school counsellor _____, visits our school regularly to provide advice and support to students, teachers and parents. Sometimes the school counsellor gives tests to students to help teachers plan better lessons for them.

(school counsellor's name)

I would like the school counsellor to see _____.

(student's name)

The school counsellor will contact you after seeing your child and will be pleased to talk to you about the results of any tests used and any concerns you may have.

If you have any questions, or if you wish to make an appointment to talk with the school counsellor before your child is seen, please don't hesitate to contact me.

Please sign the permission note below and return it to your child's classroom teacher. This process may take some time as we prioritise parent / carer applications.

Yours sincerely

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PERMISSION FOR STUDENT TO BE ASSESSED BY THE SCHOOL COUNSELLOR

(Please return me to the class teacher)

I give permission for my child _____, in class _____, to be assessed by the school counsellor.

(student's name)

(class)

Signature: _____ Date: _____

If you have difficulty understanding this letter or would like further information please ring the Telephone Interpreter service on 131 450 and ask them to telephone the school on the above number.
(Telephone Interpreter Service 131 450)



Adapted from Parklea PS