



HRHS SCHOOL COUNSELLOR REFERRAL

Date:

Parent/Carer Name:

Parent signature:

Student Name:

Date of Birth:

School Year:

Developmental history

Reasons for referral and any concerns you may have

Previous assessments by health professionals – please attach reports

Any additional information you would like the counsellor to know?

I have read the privacy notice below and give the School Counsellor/Learning Support Team permission to:

Yes / No

- Carry out assessments and counselling as required /
- Contact the authors of the reports I have provided /
- Exchange information from government and non-government agencies, private practitioners and other agencies working with my child /

Privacy Notice: this information is being obtained to assist the School Counsellor/Learning Support Team in providing support for your child. You may correct any personal information provided at any time by contacting the School Counsellor/Head Teacher Wellbeing. Please speak to the Head Teacher Wellbeing or School Counsellor if you would like help completing this form.