


Document Title: Appendix B Guidance Counsellor Parent Referral Form (part of Guidance and Counselling Policy)	 EMMANUEL ANGLICAN COLLEGE <i>Learning ~ Living ~ Leading</i>
Section: Student Support and Management	
Date Updated: 16 February 2024	

Appendix B		
Parent Referral Form to School Counsellor or Learning Support		
Student Background		Privacy Notice
Student		This information is being obtained to assist school personnel in providing support for your child. You will be asked to complete a Parent Consent form (outlining your rights) AND, if necessary, an Exchange Information form to allow school personnel to contact other agencies/ professionals, as is appropriate.
Year Level		
Date of birth		
Date of referral		

Please speak with your child's class teacher (Primary), Leader of House (Secondary), the School Counsellor or Learning Support Teacher, if you would like help to complete this form.

Reasons for referral / What concerns do you have?
<i>Briefly describe concerns: Learning? Social Emotional? Behavioural?</i>
Current support for your student.
<i>Are there any external agencies / professionals currently involved in supporting your child? If yes, who?</i>

Previous assessments (e.g. Doctor, Psychologist, Speech Therapist, Paediatrician)

Please describe any previous assessments and the outcomes of assessment/s and diagnoses:

Please provide copies of relevant of any such reports.

Is there anything else you would like relevant school personnel to know about your child?

What do you hope will happen as a result of this referral?

I have read the Privacy Notice and give permission for the School Counsellor to:

Carry out assessment and counselling as required.

YES / NO

Parent/Caregiver name: _____

Parent/Caregiver signature: _____ Date: _____

Referral received (date): _____

Add APPENDIX – Consent and Release of Information document.