

# BANGOR PRIMARY SCHOOL

## SCHOOL COUNSELLOR REFERRAL FORM

### SECTION A

FOR COMPLETION BY PARENT/CARER

DATE: .....

Family Name: .....

Other Family names: .....  
(if applicable)

Given Names: .....

Position in family: .....

Other children in family: .....  
(Names and ages)

.....  
.....

STUDENT  
DETAILS  
COVER  
SHEET

Date of Birth: .....

Sex: Male/Female (circle)

Teacher: .....

If not born in Australia please indicate:

Previous schools attended:

Country of Birth:

.....  
.....  
.....

Language spoken at home:

.....

Father/carer's name: Mr: .....  
(Given name) (Family name)

Mother/carer's name: Ms/Mrs: .....  
(Given name) (Family name)

Student lives with: .....

Home Address: .....

Postcode: .....

#### OFFICE USE ONLY

School Counsellor .....  
(Name)

Date : .....

#### PARENT/CARER CONTACT NUMBERS

Telephone : ..... (Home Fa/Ca)  
..... (Work Fa/Ca)

Telephone : ..... (Home Mo/Ca)  
..... (Work Mo/Ca)

**SCHOOL COUNSELLOR REFERRAL FORM**  
**SECTION A (cont'd)**  
**FOR COMPLETION BY PARENT/CARER**

Thank you for providing this information. If you require help in completing this form, please contact the class teacher or counsellor.

Student's name: .....

Date of birth: .....

Reason for referral/what concerns do you have?

.....

Developmental history: eg has your child ever been very sick or had an accident?

.....

Previous assessments: eg by doctor, psychologist, speech therapist:  
(Please indicate other current support services and attach copies of reports where appropriate and available)

.....

Other comments: Is there anything else you would like the counsellor to know?

.....

I give permission for the school counsellor to:

- (i) contact other agencies eg. speech pathologist, occupational therapist YES/NO
- (ii) provide reports to other agencies YES/NO
- (iii) carry out psychological and educational assessment as required YES/NO

Parent/carer's signature: ..... Date: .....