



# Referral to School Counsellor

## STUDENT DETAILS

Date: \_\_\_\_\_ Status:  Urgent  Concerned  Wait list

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Year: \_\_\_\_\_

Teacher/ Tutor: \_\_\_\_\_ House: \_\_\_\_\_

Boarder  Day Student

Main Peers: \_\_\_\_\_

## FAMILY DETAILS

Parents/ Carers consulted  Yes  No

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Carer: \_\_\_\_\_ Phone: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Siblings: \_\_\_\_\_

## REFERRAL DETAILS

Reason for referral: (NB This may be done by phone if sensitive)

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Strengths/achievements/interests:

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## PERMISSION:

I have read the above referral to the school counsellor and am happy for my child  
----- to see the school counsellor.

Signed: -----

The school counsellor works Monday to Thursday and is able to be contacted on

[ellen.robinson@saints.nsw.edu.au](mailto:ellen.robinson@saints.nsw.edu.au) or (02) 63327335