

PERMISSION TO SEE SCHOOL COUNSELLOR

For completion by **PARENT OR CAREGIVER**

Privacy Notice: 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.

Student's Name

Year _____ **House** _____

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 (If yes, please provide name and attach copies of reports if possible)

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 statement and give permission for the School Counsellor to:

1. Carry out assessment and counselling as required Yes / No
I understand there will be up to 6 counselling sessions
2. Contact the authors of reports I have provided from the following agencies: Yes / No
3. Exchange information with these agencies Yes / No

Parent/Caregiver Name _____ (Please print)

Parent/Caregiver Signature _____ **Date** _____