



# Balgowlah North Public School

10 Manning Street, North Balgowlah, 2093 T: 9949 4499  
E: [balgowlahn-p.school@det.nsw.edu.au](mailto:balgowlahn-p.school@det.nsw.edu.au) W: [www.balgowlahn-p.schools.nsw.edu.au](http://www.balgowlahn-p.schools.nsw.edu.au)

## Counsellor Referral

The role of the school's Diverse Learning Team is to provide assistance to students to enhance their ability to achieve educational outcomes.

To ensure we are doing the best we can for our students, assistance from our school counsellor and other support teachers is available for the guidance and assessment of individual pupils. As well as general discussions, visits to the counsellor may involve the administration of tests to determine the child's potential. Information gained from tests and interviews enables the counsellor and teacher to devise appropriate programs, which might be helpful both at school and at home. This information may, as appropriate, be provided to other members of staff involved in supporting your child. Provision of information is voluntary. It will be stored securely. You may correct any personal information at any time by contacting the school counsellor.

Please sign the permission slip below, the details over the page and return it to the school.

Yours faithfully,

Brooke Keevers  
Principal

### PERMISSION FOR STUDENT TO BE ASSESSED BY THE SCHOOL COUNSELLOR

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Privacy Notice:** The information obtained is to assist the school counsellor in providing support for your child and will be stored securely. It may, as appropriate, be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. You may also contact the school counsellor at any time to correct or update any personal information.

I have read the Privacy Notice and give permission to the school counsellor to:

1. Carry out assessment and counselling as required. YES / NO
2. Contact the authors of any agency reports that I have been provided with. YES / NO
3. Exchange information with these agencies. YES / NO

Parent's/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## School Counsellor Referral (For completion by parent or carer)

**Child's Name:** \_\_\_\_\_

**Parent's Name Completing Referral:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Reason for Referral: What concerns do you have?

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Developmental History: Has the child ever been sick or had an accident?  
Does the child display age appropriate behaviours?

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Previous Assessments: eg. By a doctor, psychologist, speech therapist, occupational therapist

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Further Information: Is there anything else you would like the counsellor to know?

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Outcome: What do you hope will happen as a result of the counsellor seeing your child?

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