

Permission for School Counsellor Assessment or Intervention

For completion by **PARENT OR CARER**

Privacy Notice: This information is being obtained to assist school counselling staff in providing support for your child. Provision of this information is voluntary. It will be stored securely. The information collected, and any assessment results, may, as appropriate, be provided to other members of the school staff involved in supporting your child. You may correct any personal information provided at any time by contacting the school counselling staff member.

Please contact the school if you would like help to complete this form.

Student's Name		
School		
Date of Birth	Year or Grade	Date of referral

Is this referral for assessment and/or counselling intervention? (circle) **ASSESSMENT/COUNSELLING**

Briefly describe the reasons for referral:

Previous assessments: e.g. by Doctor, Paediatrician, Psychologist, Speech Therapist (Please say who and attach a copy of reports if possible)

Any other areas of concern (please tick all that apply)

- | | | | |
|--------------------|-----------|------------------|-------------------|
| Cognitive/Academic | Emotional | Speech | Fine Motor Skills |
| Behaviour | Social | Health Condition | Movement/Physical |
| Hearing | Vision | Sensory | Other: |

The school counsellor assessment process may include:

- Interviews and conversations with parents/caregivers, teachers and external service providers (e.g. speech therapists, occupational therapists, psychologists etc.)
- Observations of your child in the classroom and playground
- Collection of work samples, student achievement data and behavioural data
- Administration of psychometric assessments including checklists for parents/caregivers and teachers

The school counsellor intervention process may include:

- Interviews and conversations with parents/caregivers, teachers and external service providers (e.g. speech therapists, occupational therapists, psychologists etc.)
- Providing counselling and/or therapeutic intervention for a limited number of individual or small group sessions
- Utilising therapeutic approaches and techniques (e.g. CBT, ACT, IPT etc.)
- Liaising with external agencies and other mental health professionals to provide coordinated, wrap around support for individual students

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

Carry out assessment and/or counselling, as required:	YES	NO
Contact the authors of the reports I have provided:	YES	NO
Provide a copy of the school counsellor report to the school:	YES	NO
Share any relevant information with the school's Learning and Support Team, including executive staff and the Wellbeing and Health In-Reach Nurse	YES	NO

Parent/Carer Signature

Date:

NSW School Counselling Service

Permission to Release and Obtain Information

I give permission for:

Name

Position

School

School Phone

to contact the following people and/or agencies so that appropriate support may be offered to my child.

I give them permission to (tick one or both boxes):

obtain information from the persons and/or agencies listed below

give information to the persons and/or agencies listed below

Child's Name

Date of Birth

Person/Agency	Contact Number

Parent/Carer name:

Signature:

Date:

If you have difficulty understanding this form or would like further information, please contact the school. If you require an interpreter, you can ring the Telephone Interpreter Service on 131 450 and ask them to telephone the school on the above number.