



HILLSIDE PUBLIC SCHOOL

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Glenorie NSW 2157

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REFERRAL TO SCHOOL COUNSELLOR

Student Details

Family name _____ Given name (s) _____

Other family names _____ Sex (M/F) _____
(if applicable)

Year/Class _____ Date of birth _____

Family Details

Home address _____
_____ Postcode _____

Father Family name _____ Phone Home _____

Given name(s) _____ Work _____

Mother Family name _____ Phone Home _____

Given name(s) _____ Work _____

Student lives with _____ Position in family _____

Siblings name(s) _____ Age _____

(Complete the following if relevant)

Country of birth _____ Numbers of years of residence in Australia _____

Language(s) spoken at home _____ Number of years of English _____

School Details

Teacher's name _____ Date of referral _____

School Counsellor's name _____

REFERRAL TO 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. Please speak with the School Counsellor if you would like help to complete this form.

Student's name: _____

Date of birth: _____

Date: _____

Reason for referral/what concerns do you have?

Developmental history

1. Did your child sit up, crawl, walk and talk at the appropriate ages?

2. Has your child ever been very sick or had an accident?

Previous assessments: eg by doctor, psychologist, speech therapist
(If yes, please say who 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 Notice and give permission for the School Counsellor to:

1. Carry out assessment and counselling as required. I understand that this may involve testing of learning abilities and the administration of individual tests. I understand that the School Counsellor will discuss the results of an assessment with me. The School Counsellor may forward a copy of the report to other personnel within the NSW Department of Education and Training. Yes/No
2. Contact the authors of the reports I have provided from the following agencies:

: _____ Yes/No

3. Exchange information with these agencies Yes/No

Parent/caregiver's signature:

Date: