



OUR LADY'S ASSUMPTION
SCHOOL

SCHOOL COUNSELLOR REFERRAL FORM

(To be completed by teacher and /OR parent)

Name of Student _____ Class _____

Date of referral _____

Person Referring

Parents _____ Teacher _____

Has referral been discussed with parent/teacher/child?

Summary of presenting issue AND how it is impacting your child at school:

What has been tried to address the issue:

Are there any other agencies /professionals involved? (please include any previous referrals to psychologists/pediatricians in relation to the issue stated above).

