



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).**

\_\_\_\_\_  
\_\_\_\_\_



## School Counsellor Consent Form

I hereby give permission for my son/daughter \_\_\_\_\_  
of class \_\_\_\_\_ to meet with Nicole Leach, School Counsellor.

I require the school counsellor to phone me prior to speaking with my  
child

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Phone

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