

Holy Rosary School Heathcote



STUDENT COUNSELLOR REFERRAL FORM

STUDENT NAME:

YEAR LEVEL:

TEACHER CONSULTED/NOTIFIED: YES/NO

ISSUE OF CONCERN:

WHAT STRATEGIES HAVE BEEN TRIALLED SO FAR/WHAT ACTION HAS BEEN TAKEN?

IS THE STUDENT AWARE OF THE REFERRAL TO STUDENT COUNSELLOR: YES/NO

STUDENT AGREES TO COUNSELLING: YES/NO

REFERRED BY:

DATE:

PARENT/CARER 1 NAME:

SIGNATURE:

PARENT/CARER 2 NAME:

SIGNATURE:

BOTH SIGNATURES REQUIRED, IF NOT PLEASE STATE REASON:

Referral forms remain confidential until permission to release information is given or if concerns around the safety of a student or others are present.

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