Counselling Referral Form

Name of student: | House | Year
---|---|---
Status: | Tutor |
Referred by: | Date: |

The information contained in this referral is private, privileged and confidential student information for the School Counsellor only. The referral may be sighted by the Headmaster. It cannot be released outside the school system except by the School Counsellor, upon receipt of written consent by the parent and/or the student concerned. Any unauthorised disclosure is a federal offence. This referral is not to be duplicated.

What is the problem?

What is different about the times when things are going well?

When did the problem begin?

What has been done so far to solve the problem? Results?
If the family has been contacted, what do they say about the problem / situation?

Who is most affected by the problem?

Is there anything else I need to know?

Why is the referral happening now?

What do you expect from counselling?

<table>
<thead>
<tr>
<th>Parents informed?</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Student informed</td>
<td>Date:</td>
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How did the student respond to the idea of this referral taking place?

| Authorised: | Date: |