



## Parent/Guardian Referral Form

Client's Name:

Date:

Please provide information about the child or young person you are referring to our service by completing the details in this form. The information provided will help the School Counsellor understand the child or young person. The information provided will be held in confidence subject to CatholicCare's Privacy and Consent Policy. When completed, please return this form to the School Counsellor.

### Section 1: Family and Developmental History

**Please provide information about the child or young person's family members/step-family members; including their names, ages, siblings, and grade/year level, if they are attending school.**

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**Please comment on the following periods of your child's life, include any significant family changes that occurred (e.g. birth of a sibling, death, divorce/separation, house move, etc.). Please include relevant development information or medical information (e.g. milestones, major illness, etc.).**

**Pregnancy/Birth**

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**Infancy (Ages up to 2)**

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**Pre-School (Ages 2-4)**

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**Primary School (Ages 5-12)**

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**Secondary School (Ages 13-18)**

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## Parent/Guardian Referral Form

### Section 2: School History and Other Agencies

Has your child attended more than one school?  NO  YES, if yes please complete the following:

Name of School:

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Grade:

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Reason for leaving:

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Please provide details of any agency or professional, either past or present, that your child has been involved with (e.g. counsellors, psychologists, Department of Human Services, Paediatrician or Foster Care).

*Please include name of agency, phone number and year – note the School Counsellor may seek your consent to consult with other professionals.*

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Has your child been diagnosed with any disorders or disabilities (if so, please provide information regarding the nature of the diagnosis, when it was made and by whom, and any medication). Please bring any assessment reports to your initial interview with the School Counsellor.

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Does, or has, your child received extra assistance at school? (e.g. Reading Recovery, Speech Therapy, Occupational Therapy, Physiotherapy, Integration Assistance, etc.).

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## Parent/Guardian Referral Form

### Section 3: Reason of Referral

**Describe the current concerns regarding your child. Have there been any changes in your child's usual behaviour?**

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**How have you tried to address these concerns? Please describe what worked in the past and what did not.**

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**What would you like your child to achieve through counselling?**

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**What, if any, assistance/support do you require in this matter?**

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