



SCOTS ALL SAINTS
COLLEGE

Referral to School Counsellor

STUDENT DETAILS

Date: _____ Status: Urgent Concerned Wait list

Name: _____ D.O.B. _____ Year: _____

Teacher/ Tutor: _____ House: _____

Boarder Day Student

Main Peers: _____

FAMILY DETAILS

Parents/ Carers consulted Yes No

Father: _____ Phone: _____

Mother: _____ Phone: _____

Carer: _____ Phone: _____

Student lives with: _____ Siblings: _____

REFERRAL DETAILS

Reason for referral: (NB This may be done by phone if sensitive)

Strengths/achievements/interests:

PERMISSION:

I have read the above referral to the school counsellor and am happy for my child
----- to see the school counsellor.

Signed: -----

The school counsellor works Monday to Thursday and is able to be contacted on

ellen.robinson@scotsallsaints.nsw.edu.au or (02) 63327335