

Is your child's teacher, principal or other school staff aware of your concerns? **Yes / No**

Has or does your child have any of the following problems? **Please circle**

- * Speech/Language problems
- * Behavioural disorders (such ADHD)
- * Vision Problems
- * Hearing Problems
- * Other Notable Medical Problems
- * Other Problems _____

What assessments and/or interventions have been used either at school or outside of school to address these problems? **Please circle**

- * Medical Specialist / Paediatrician
- * Speech Therapist
- * Occupational Therapist
- * Psychologist / Child Psychiatrist
- * Other School Counsellor
- * Optometrist / Audiologist

Please provide brief information about the above or any other professional involved:

I give permission for the School Counsellor to interview & /or assess my child

----- as appropriate

Signed _____ **Date** / /

Thank you for completing this referral. You will be contacted to arrange a more in depth discussion and feedback of assessment results with the School Counsellor Ms. Erika Ellis.