School Counselling Referral – Form B



Date:	School: _	School: Teacher: Grade:					
Student name:	Teacher:						
DOB:	Grade:						
Gender:	ROA:	yes	no	IIP:	yes	no	
Reason for referral: □Anxiety □Depression □Trauma □Fam Please describe concerns: ———————————————————————————————————	nily Changes □Peer Rela	ations $\Box A$	unger ⊡\$	Substanc	e use □O	ther	
Contact info for each parent/guardian	1 the school counsellor	should c	ontact (lirectly:			
Relationship to student							
Live with student FT, PT, or visitation							
Cell / Landline (please circle)							
work email							
Preferred method of communication							
When two people should be contacted together is viable or appropriate (circle	• •	e if confe	rence ca	alling or n	neeting		
Student's Strengths and interests:							
Previous diagnoses/mental health co	ncerns:						
Background info of student (family dy	, ,					, etc):	
Other agencies/services involved with	the student/family: _						
Family doctor, medications:							

Attach an additional sheet if necessary.

School Counsel'ing Referral Form - Form B



School Counselling

Parent Permission Form

I, the parent/guardian of	DOB
attending	School, hereby give permission for my
child to be seen by a Northwest School Division	School Counsellor.
School counsellors focus on the personal, emotional, and students individually or in groups. Counselling happens duprivate, and discretion is used; confidentiality is of paramobehaviour or performance is a concern, the counsellor mainvolved with the student. Information disclosed in session student's academic and social emotional development will appropriate, counsellors will seek verbal consent from the collaboration. School counsellors may be required to assist classroom presentations on a variety of topics. Unfortunate to adults or families, but they can assist families with accessorvices are required.	uring the school day (or as otherwise arranged) in ount importance. In instances where in school ay collaborate with parents and school staff directly in not related to ensuring the best interests of the II not be used in collaboration. When agestudent regarding what information can be used in st with crisis intervention and response, and to give tely, school counsellors cannot provide counselling
 I understand I have the right to contact the concerns that I may have 	he school counsellor with any questions or
I have been informed and have an under	rstanding of services to be provided
Signature:	Date:
(Parent/Guardian)	

Exchange of Information

All information from this form will be kept confidential under the guidelines of the Freedom of Information and Protection of Privacy Act. The Northwest School Division Student Services Team may exchange any relevant information within their group regarding the services provided to your child. Please note: if there is any information that you do not want shared, please contact the school counsellor directly and every discretion will be made to keep it confidential. Counsellors may breech confidentiality in instances where they have reason to believe the client, another person, or the property of another person is at risk of harm, or when the student gives permission to the counsellor to share information.

**Please complete this form, seal in the provided envelope, and return to the school.