C O N F I D E N T I A L

**School Counselling Program – about you and your child**

Please fill in this form to help your child’s School Counsellor gain an understanding of your child and the current concerns. This information will be held in confidence by the School Counsellor.

Please scan along with the C**onsent** and email to [school.counselling@aohtas.org.au](mailto:school.counselling@aohtas.org.au) or return this form, in a sealed envelope addressed to the School Counsellor, as soon as possible.

**DATE FORM COMPLETED**: \_/ \_/

**1. STUDENT ’S DETAILS:**

CHILD’S NAME:

GRADE:

TEACHER:

DATE OF BIRTH:

AGE:

PLACE OF BIRTH:

ADDRESS:

SUBURB:

|  |  |  |
| --- | --- | --- |
| **PARENTS/GUARDIANS INFORMATION:** | | |
|  | (1) | (2) |
| NAME: |  |  |
| RELATIONSHIP to the child: |  |  |
| PLACE OF BIRTH: |  |  |
| CONTACT:  Please indicate the most appropriate phone number to contact you on by  ticking the boxes. | (Home)  (Mobile)  (Work)  | (Home)  (Mobile)  (Work)  |
| OCCUPATION: |  |  |

POSTCODE:

LANGUAGE(S) SPOKEN AT HOME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO LIVES IN CHILD’S HOUSEHOLD? Family members/step-family members; please include names, ages,

and siblings’ grades/year level, if they are still attending school.

**3. FAMILY HISTORY**

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.). Please include any developmental or medical information you think might be relevant (e.g. milestones, major illness).

 Pregnancy / Birth

 Infancy (Ages up to 2)

 Pre-school (Ages 2-4)

 Primary School (Ages 5-12)

 Secondary School (Ages 13-18)

**4. SCHOOL HISTORY**

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

NAME OF SCHOOL GRADE YEAR LEFT REASON FOR LEAVING

**5. OTHER AGENCIES**

Please provide details of any agency or professional, past or present, that your child has been involved with (e.g. other Counsellors, Psychologists, Department of Human Services, Paediatrician or Foster Care). The School Counsellor will always seek your consent if they wish to consult with any of these agencies.

AGENCY PHONE NUMBER YEAR

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.

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

**6. REASON FOR REFERRAL**

Please describe the current concerns regarding your child. Have there been any changes in your child’s usual behaviour?

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

What would you like your child to achieve through counselling?

What, if any, assistance/support would you like?

|  |  |
| --- | --- |
| Kind regards, |  |
| **Counsellor’s name:**  **School:**  **Day(s) at school:** |  |