

Gilgandra Public School

Honesty & Courtesy



P.O. Box 19
GILGANDRA N.S.W. 2827

Email: gilgandra-p.school@det.nsw.edu.au

Principal
Patricia Howard

Phone (02) 68 47-2043
Fax (02) 68 47-2304

Dear _____,

School Counsellor, Camilla Griffiths, visits our school regularly to provide advice and support to students, teachers and parents. Sometimes she gives tests to students to help teachers plan better lessons for them and sometimes she works with students to help them deal with issues concerning them.

I would like Camilla to see your son/daughter. I write to ask you to sign the permission slip below.

If you have any questions or if you wish to talk with her at any time please phone 68 472043. She is at our school on Wednesdays.

Privacy Notice: This information is being obtained to assist the School Counsellor in providing support for your child. It may, as appropriate, be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the School Counsellor.

Yours sincerely,

Patricia Howard
Principal.

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PERMISSION FOR STUDENT TO BE ASSESSED/COUNSELLED BY THE SCHOOL COUNSELLOR

Student: _____ Class: _____

I have read the Privacy Notice and give permission for the school Counsellor to:

- | | |
|---|--------|
| 1. Carry out assessment and counselling as required. | YES/NO |
| 2. Contact the authors of the reports I have provided from the following agencies: _____ | YES/NO |
| 3. Exchange information with these agencies. | YES/NO |
| 4. Discuss my child's individualised learning with members of school staff directly involved in supporting my child's learning. | YES/NO |

Parent/Caregiver's signature: _____ Date: _____



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 Safe, Respectful Learners
 Web: <https://gilgandra-p.schools.nsw.gov.au/>



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Referral to School Counsellor

Please speak to your child's Teacher, or School Counsellor if you would like assistance to complete this form.

Students Name: _____

Date Of Birth: _____

Reason for Referral/What concerns do you have?

Development History (has your child ever been very sick or injured?)

Previous Assessments (eg by a Doctor, Psychologist, Speech Therapist) If YES, please say who and attach relevant reports if available.

Is there anything else you would like the School Counsellor to know?
