

GUIDANCE & COUNSELLING SERVICES - WIDE BAY BURNETT REGION

	REQUES	ST FOR SUPPORT	EQ Id:
Name:	DOB:	Year Level:	Gender: M/F
School:	Teacher:	Scho	ol Case Manager:
Major concerns:			
What actions have you taken so for in the school: (e.g. classroom strategies, learning support, Special Needs Committee)			
,			
What were the outcomes of these actions?			
Has the student previously seen	any of the follo	wing? <i>(Please ask pare</i>	ent to provide copies of reports if
available) Guidance Officer	Occupationa	al Therapist	Speech Language Pathologist
Audiologist	Paediatricia	•	Physiotherapist
Optometrist		t / Psychiatrist	Department of Child Safety
Learning Support Teacher		th Mental Health	Behaviour Management Teacher
			Benaviour Management Teacher
Parent / Guardian Permission I give permission for my child to be referred to the Guidance Officer. This may involve interventions including,			
counselling, and/or assessments (ay involve interventions including,
My child's class teacher has discussed the reasons for this referral.			
I also agree to guidance assessment information and reports to be released to medical personnel and other external health care professionals, if required.			
Perent/Cuerdien Neme			100
Cinn at was		Date:	
			(Wd.)
Address: Teacher Checklist		Phone: (Home)	(Work)
I have discussed my concerns w	vith the child's pare	nt/guardian.	(Please tick)
Date of discussion:			
I have discussed this student's contact the student of the st	concerns with the S	pecial Needs Committee	
Teacher Signature: Date:			
Principal			
Name:			
Name:		_	
Date Received://		Date Opened:	l l