**Snow Gums Learning Alliance**

 **School Counsellor Teacher Referral Form**

 **From Learning Support Team**

|  |  |
| --- | --- |
| Student name |  |
| Class |  |
| Date of birth |  |
| Date of referral |  |

|  |
| --- |
| **Reasons for Referral** |
| Specific details: |
| **Classroom Achievement** |
| Comments on Reading. Spelling, Numeracy etc |
| **Language Skills** |
| Comments on expressive and receptive language, fluency |
| **Physical Skills** |
| Gross motor and fine motor |
| **Behaviour /Social Skills/ Attendance patterns** |
|  |
| **What strategies have been tried and with what success?** |
|  |
| **What outcomes would you like from this referral?** |
|  |

Information/Permission Form requested from Parent/Caregiver Yes/No

Teacher’s name: Date