



## School Based Counselling Service

# Skylight Referral Form

For Whānau, Teachers, SWIS workers, RTLB please discuss with the Principal

Please email the completed form to [clinicalcoordinator@skylight.org.nz](mailto:clinicalcoordinator@skylight.org.nz)

<b>Date:</b>	
<b>Referrer name and relationship to the child:</b>	
:	<b>Male:</b> <input type="checkbox"/> <b>Female:</b> <input type="checkbox"/> <b>Diverse:</b> <input type="checkbox"/>
<b>School/Kura:</b>	
<b>National Student Number (NSN)</b> This will be used for statistical purposes only. Your school receptionist can provide you with the NSN or the clinical coordinator can call for permission to ask the school on your behalf.	
<b>Teacher:</b>	<b>Year:</b>
<b>Classroom:</b>	<b>Teacher's email:</b>
:	
<b>Ethnicity</b> <i>if you wish to share this</i>	
<b>Parents/Caregiver:</b>	
<b>Phone contact</b>	
<b>Email</b>	
<b>Are you happy for the counsellor to leave a voice message?</b>	<b>YES/NO</b>
<b>Are you happy for the counsellor to send you a message via txt?</b>	<b>YES/NO</b>

*NB: Where parents are living separately states that it is in the child/child best interest both parents are aware of the counselling. Deciding or communicating this,*

**Does the tamariki/rangatahi receive support from other services within the school/community?**

e.g: Teacher Aide Support, Social Worker in Schools

**If yes, please list:**

.....

**Reason for referral:**



## School Based Counselling Service

*What are your concerns for this child? How are these concerns affecting the child's daily life? What supports do you think would be helpful?*

.....

.....

.....

.....

.....

.....

.....

.....

**Signed:** ..... **Date:** .....