



Awhi Mai Awhi Atu - Counselling Referral Form

Date of Referral:

Child's Name:	
Date of Birth:	Gender
Ethnicity:	Hapu/Iwi
Parents/caregivers:	
Phone Contact:	Email:

Is the parent/caregiver happy for the counsellor to leave a message?

YES/NO

Is the parent/caregiver happy for the counsellor to contact via text?

YES/NO

Kura/School Information:

Kura/School:	
Kaiako/teacher:	Classroom:
Email:	Year:
National Student Number (NSN)*:	

**This will be used for statistical purposes only.*

Does the tamaiti/child receive support from other services within the school or community?

e.g Teacher Aide, Social Worker in Schools

If yes, please detail below:

Reason for Referral:

E.g: what are your concerns for this tamaiti/child? How are these concerns affecting their daily life?

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Outcomes

What supports do you think would be helpful? What difference do you hope counselling will make?

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Learning Engagement Measurement Tool: For teachers to complete (pre/post).

Please highlight or circle 1(low)-9(high) on the questions below.

Presence: What is the current level (over the past few weeks/month) of *presence* in school/learning activities for your student?

1	2	3	4	5	6	7	8	9
many unjustified							no unjustified	

Participation: What is the current level (over the past few weeks/month) of *participation* in school/learning activities for your student?

1	2	3	4	5	6	7	8	9
not involved in class							fully involved in class	

Learning Gains: What is the current level (over the past few weeks/month) of learning *progress* for your student?

1	2	3	4	5	6	7	8	9
Well below				at			Well above	

Teacher's name:

Consent and Participation Agreement:

(if you are completing this on behalf of the whanau/family please discuss with them and gain their consent).

I/we _____ give consent for the above name tamaiti/child to attend the Counselling within Schools programme.

I/we understand that my tamaiti/child's sessions with the counsellor are kept confidential, unless the counsellor believes there is risk for the tamaiti/child's wellbeing and/or the wellbeing of others.

Skylight's philosophy is that counselling outcomes are better for the tamariki/child(ren) when the whānau/family are involved. Your participation and support is important. This may include whānau/family sessions or sharing of strategies to support your child.

If it would benefit your tamariki/child for the counsellor to korero with another service they are involved with, do you give your permission? YES/NO

Parent/Caregiver:

Date:

Please email the completed form to Vonnice at - vonnice.marshall@skylight.org.nz