



# HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION

## FAMILY SCHOOL LIAISON PROGRAM

Student Name: \_\_\_\_\_ Date Referred: \_\_\_\_\_  
(d/m/y)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Referred By: \_\_\_\_\_  
(d/m/y)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**FAMILY DATA**

Parent / Guardian Relationship to student: \_\_\_\_\_  
 Student resides with this person  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

City / Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell / Other \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent / Guardian Relationship to student: \_\_\_\_\_  
 Student resides with this person  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

City / Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell / Other \_\_\_\_\_

E-mail address \_\_\_\_\_

Parents Contacted By \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Please check all that apply

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> Abusing others     | <input type="checkbox"/> Decision-making          | <input type="checkbox"/> Friendship/ relationships | <input type="checkbox"/> Nightmares        | <input type="checkbox"/> Stress            |
| <input type="checkbox"/> Academic concerns  | <input type="checkbox"/> Depression               | <input type="checkbox"/> Insecurity/low            | <input type="checkbox"/> Obsessions        | <input type="checkbox"/> Substance abuse   |
| <input type="checkbox"/> Alcohol            | <input type="checkbox"/> Divorce/separation       | <input type="checkbox"/> self-esteem               | <input type="checkbox"/> Physical ailments | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Ambition           | <input type="checkbox"/> Drugs/alcohol use        | <input type="checkbox"/> Loneliness                | <input type="checkbox"/> Sad               | <input type="checkbox"/> Victim            |
| <input type="checkbox"/> Anger/acting out   | <input type="checkbox"/> Eating disorder          | <input type="checkbox"/> Looks/acts tired          | <input type="checkbox"/> Self-control      | <input type="checkbox"/> Work habits       |
| <input type="checkbox"/> Attention problems | <input type="checkbox"/> Emotional/physical abuse | <input type="checkbox"/> Loss/grief                | <input type="checkbox"/> Sexuality shyness |  |
| <input type="checkbox"/> Bullying           | <input type="checkbox"/> Family Concern           | <input type="checkbox"/> Memory                    | <input type="checkbox"/> Sleep/insomnia    |  |
| <input type="checkbox"/> Concentration      | <input type="checkbox"/> Fears/anxiety            | <input type="checkbox"/> Nervous/irritable         | <input type="checkbox"/> Social skills     |  |

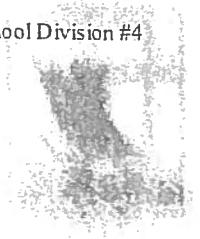
Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by Family School Liaison Counsellor \_\_\_\_\_ Date \_\_\_\_\_



## Family School Liaison Counseling Services

### Parent / Guardian Consent Form for Student to Receive Counseling Services



I \_\_\_\_\_ understand the following:  
(Parent/guardian name) Please print

- confidential information may need to be shared (in certain circumstances)
- the counselling process, and its risks and benefits
- the storage of the student's counseling file
- access to the counseling file
- student's and/or family member's rights in counselling

I agree that I am legally authorized to give permission for counselling services. The terms of guardianship are as follows:

- No Guardianship Exists                       Joint Guardianship  
 Sole Guardianship                               Child Welfare Authority  
 Other \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to receive counseling services through the  
(student's name)

Holy Spirit Roman Catholic Separate Regional School Division #4 Family School Liaison Counseling Program.

I understand that this consent will be valid until the end of the current school year or until such permission is rescinded by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian signature)

*Note: This copy shall remain on file*