



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

Date:	
Referrer name and relationship to the child:	
Child's name and gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Diverse: <input type="checkbox"/>
School/Kura:	
National Student Number (NSN) 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.	
Teacher:	Year:
Classroom:	Teacher's email:
Child's date of birth:	
Ethnicity <i>if you wish to share this</i>	
Parents/Caregiver:	
Phone contact	
Email	
Are you happy for the counsellor to leave a voice message?	YES/NO
Are you happy for the counsellor to send you a message via txt?	YES/NO

NB: Where parents are living separately, Skylight's policy states that it is in the child/children's best interest both parents are aware of the counselling. Deciding or communicating this, is not Skylight's responsibility.

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:



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Reason for referral:

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: