



**PARENT REFERRAL TO SCHOOL SOCIAL WORKER**

Student Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Referral made by:  phone contact  
 in person

Description of the concern:

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Interventions parent has tried:

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Other information:

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Please sign consent form attached. BOTH parents need to consent to child being seen by the Social Worker.



PRIVATE AND CONFIDENTIAL

Consent of Referral to Social Worker

I give my permission for my son/daughter \_\_\_\_\_  
in Year \_\_\_\_\_ to be referred to St Brigid's School Social  
Worker.

Name of parent/s  
(printed): \_\_\_\_\_  
\_\_\_\_\_

Parent/s signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Please note that the referral is valid for the duration of the school year.