



GRESFORD PUBLIC SCHOOL

Durham Rd
Gresford NSW 2311

Est. 1868
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Fax 4938 9430

Email: Gresford-p.school@det.nsw.edu

Principal: Pauline Mitchell

PERMISSION FOR STUDENT TO BE ASSESSED BY THE SCHOOL COUNSELLOR

Dear _____
(Parent/Caregiver Name)

The school counsellor, Mrs Wendy McAlpine , visits our school regularly to provide advice and support to students, teachers and parents. Sometimes the school counsellor gives tests to students to help teachers plan better lessons for them.

I would like the school counsellor to see _____ (Student's Name) SOON.

He/She may need to give your child some tests and I write to ask you to sign the permission slip below.

The school counsellor will contact you after seeing your child and will be pleased to talk to you about the results of any tests used and any concerns you may have.

If you have any questions, or if you wish to make an appointment to talk with the school counsellor before your child is seen, please contact me on telephone number 49389304.

Please sign the permission note below and return it to the school.

Yours sincerely

Pauline Mitchell
Principal

PERMISSION FOR STUDENT TO BE ASSESSED BY THE SCHOOL COUNSELLOR

I give permission for my child _____, in class _____,
(Child's Name)
to be assessed by the school counsellor.

Signature: _____ Date: _____
(Parent/Caregiver's name)

If you have difficulty understanding this letter or would like further information please ring the Telephone Interpreter Service on 131 450 and ask them to telephone the school on the above number. (Telephone Interpreter Service 131 450)