



Information & Consent Form for Individual Student Wellbeing Sessions

Student's Full Name:

Grade:

Student's Teacher:

I give permission for the student named above to receive extra support by attending individual sessions with the school's Student Wellbeing Officer.

Parent/Guardian's Name:

Parent/Guardian's Signature:

Date:

Please provide a brief summary of the following information:

1. Situational background
2. Summary of current concerns
3. Strategies that have been implemented by the school
4. Strategies that have been implemented at home
5. Nature of assistance requested

Please note that the Principal is advised of all requests for particular student wellbeing assistance.