Referral to See the School Chaplain
Referral for School Chaplain
Arundel State School

Student Name (in full)  Class  Room  Referral Date

Class Teacher:  Referral Made By:  
Date:__/__/ 

Your child has been referred to receive the following support:

☐ Parent Separation  ☐ Being Bullied
☐ Grief / Loss  ☐ Social Skills
☐ Fitting in and Making Friends  ☐ Self Esteem
☐ Other: ____________________________________________________________

☐ This support will be provided on a one-to-one basis by the school chaplain
☐ This support will be provided in a small group environment by the school chaplain.

Please complete the attached Parent / Guardian Permission Form for your child to receive support from our school chaplain, Dave Reeks.

Arundel State School Chaplaincy Service
Feedback after initial contact with student:
Thank you for the opportunity to support your child. I have made initial contact with ___________________________ on ___________________________.
As a result I will be putting the following strategies in place to help him/her:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Zane Howell, School Chaplain  Date: / / 