

ABN 62 641 100 167

We provide high quality support for children, adolescents, families and schools for a range of psychological issues.

Introducing In-School Psychology

In-School Psychology provides psychological services to children, adolescents, their families, and schools. Our unique service is offered on site at primary and secondary schools, in both the public and private sectors. The psychologists at In-School Psychology are experts in child and adolescent psychology and are professionals dedicated to providing outstanding and comprehensive services to assist children and adolescents, their families and their schools.

Free Counselling Service

The In-School Psychology counselling service is a free service provided on-site at the child or adolescents school. One psychologist will be assigned to your school and will work in a collaborative manner with the wellbeing co-ordinator, teachers

and parents to ensure the best outcome for the child/ adolescent. The duration and frequency of time spent at the school will be determined by

the number and type of referrals and the needs of each child/adolescent.

Our psychologist will regularly meet with the school's contact person to discuss current and potential referrals.

In-School Psychology's service is bulk billed to Medicare through the Better Access to Mental Health Care initiative. A child or adolescent is able to access the free counselling service when a Health Care Plan is filled out by the child/adolescent's General Practitioner

or Paediatrician. Each Health Care Plan entitles the child/adolescent to a maximum of 10 individual sessions and 10 group sessions each calendar year. Children under the age of 13 with a diagnosed Autism Spectrum Disorder are entitled to a maximum of 20 sessions bulk billed to Medicare. There is no out of pocket cost to the school or the parents for In-School Psychology's service.

Children and adolescents are commonly referred to our services for issues such as:

- Friendship problems (making and keeping friends)
- Dealing with bullying
- Anxiety (including school refusal)
- Depression
- Fears and phobias
- Anger management & behavioural difficulties (at home and/or school)
- Self-harm
- Sleep problems (night terrors, insomnia)
- Alcohol or substance abuse
- Attention deficit and hyperactivity
- Social skills difficulties
- Grief and loss
- Eating disorders
- Autism (developing social skills, anxiety etc.)

Additional Services

Cognitive (intelligence) and educational (academic) assessments are a specialty offered by our service. We pride ourselves in providing a thorough assessment service in order to profile the student's specific strengths and weaknesses, so that we can understand the best way in which they will learn. We conduct a range of assessments to determine what the student's core difficulties are, and what their preferred learning style is likely to be. However, the assessment service is not covered by Medicare and is charged at a private rate.

Contact Us

Please contact us if your school would like more detailed information about In-School Psychology's services sent to the school, or if you would like to organise a face to face meeting.

Phone: 1300 884 340

Email: info@inschoolpsychology.com Website: www.inschoolpsychology.com





PO Box 117 Mitcham Shopping Centre, 5062 Ph: 1300 884 340 | Fax: 08 8180 1850

Supporting Information for GP Referral

Student's Name:	Date of birth:
Address:	
Parent/Guardian 1:	Contact Number:
Parent/Guardian 2:	Contact Number:
Contact Number/s:	
School:	
Medicare Number:	
The aforementioned student is presenting with may benefit from intervention from our schology.	<u> </u>
Our psychologist will bulk bill students & fami Health Care Initiative.	lies under the <u>Better Access to Mental</u>
If you feel that this student is eligible for psy Health Care Plan then please make out a refer	<u> </u>
Presenting difficulties/problems at school/h	ome:
1.	
2.	
3.	
How long have the above concerns been	present?
Outcomes we would like to see from psych	ological intervention
1.	
2.	
3.	
O.	



Child & Adolescent Services
PO Box 117 Mitcham Shopping Centre, 5062
Ph: 1300 884 340 | Fax: 08 8180 1850
ABN 33 598 265 121

CONSENT FORM

Client/Child name:	Male Female Non-binary Other	
Preferred pronouns: he/him _ she/her _ they/them _		
D.O.B:School N	Name:	
Does this student identify as Aboriginal or Torres Strait Islander? Yes	□ No □	
Parent/Guardians		
1Number:		
2Number:		
Are there any court orders or other family court involvement that relates to	this child? Yes No	
Address:		
Suburb: State:	Postcode:	
Medicare#: NDIS#:		
Email:		
Other Professionals working working with me/my child (eg. GP, paediatrician, occupational therapist):		
Main areas of concern/difficulties for myself/child:		
Is there any family history relating to the above concerns/difficulties? If yes	s, please elaborate.	

Please provide copies of any custody orders, professional reports, assessments, relevant medical history etc.



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Psychological Service

As part of providing a psychological counselling service to you, In-School Psychology contract psychologists will need to collect and record personal information from you that is relevant to your current situation. This information may be gathered through the administration of formal tests considered relevant to diagnosis, or through but not limited to observations of the student's behaviour and performance in informal settings, such as the classroom or playground. This information will be a necessary part of the psychological assessment and treatment that is conducted.

The In-School Psychology psychologist may visit the student's school with the agreement of the school principal, for the purpose of consulting with educational personnel and other relevant professionals, regarding the student, with possible outcomes of ongoing consultative support, treatment, or assessment.

The In-School Psychology psychologist may contact individuals who are or have been directly concerned with the care or education of the above mentioned student (such as teachers, previous therapists, and doctors) to seek information about the student's background, abilities, and performance that may be relevant to the service being provided. Written reports may be requested.

The In-School Psychology may use the results of any relevant information available to assist in consulting with educational personnel and other professionals involved with the child, with the intent of supporting and improving educational outcomes. I/we hereby exempt In-School Psychology, its officers and employees, from any liability for injury or loss that may result from findings, opinions or recommendations expressed by In-School Psychology psychologists in relation to the student, and from any liability for any physical injury that may occur to the student whilst under the supervision of In-School Psychology psychologists, on the condition that those staff act conscientiously in accordance with the practices and duty of care normal to their professions. This is not a Department for Education and Child Development ("DECD") organised or sponsored activity and DECD accepts no responsibility or liability in relation to this activity. DECD accepts no responsibility or liability for services or activities organised or provided by In-School Psychology.

Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis and treatment of the client's presenting issue, and is seen only by the psychologist. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

Confidentiality

All personal information gathered by the psychologist during the provision of the psychological service will remain confidential and secure except where:

- 1. It is subpoenaed by a court, or
- 2. Failure to disclose the information would place you or another person at serious risk to life, health or safety; or
- 3. Your prior approval has been obtained to
 - a) provide a written report to another professional or agency. eg. a GP or a lawyer; or
 - b) discuss the material with another person, eg. a parent or educator;

or if disclosure is otherwise required or authorised by law.

in signing this form I consent for my child to be participate in individua	al sessions with the in-School Psychology psychologist visiting their school.
I, (print name in Block Capitals) I agree to these conditions for the psychological service provided by	
Client/Parent 1 Signature	Date

Please sign and return this original document to the school. Please keep a copy for your records.

Please Note: If, after reading this page you are at all unsure of what is written, please discuss it with the school psychologist.

A detailed copy of In-School Psychology's privacy policy can be obtained through your child's school or from www.inschoolpsychology.com

Signature Parent 2 Date