

Schulpsychologische Beratungsstelle der Stadt Münster · Tel. 0251/ 492-4081 · Fax: 0251/ 492-7950 · schulpsy@stadt-muenster.de

An die  
Stadt Münster  
Der Oberbürgermeister  
Amt für Schule und Weiterbildung  
Schulpsychologische Beratungsstelle

Fall Nr. \_\_\_\_\_

MA 40.3:

\_\_\_\_\_  
*(to be filled out by the School Psychological  
Counselling Centre)*

Klosterstraße 33  
48143 Münster

## Application for counselling for students of legal age (to be completed by the school and the student jointly)

### Contact information

#### Student

Name \_\_\_\_\_ Surname(s) \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

School \_\_\_\_\_ Grade level \_\_\_\_\_

Gender                female                male                divers                open

First language                German                other:

Siblings                number                comments:

#### Parent/s (as far as they can/should participate)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Comments \_\_\_\_\_

#### Teacher or educational staff

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Reachability  
(e.g. weekdays/time)

## Consultation concerns

### What is the concern to be addressed?

Please, describe the issue for which counselling is being sought in key points.

### What is the goal?

What do you want to achieve by working with the School Psychological Counselling Service?

### Which steps have already been taken?

What school-based support or advisory services have been accessed previously?  
(e.g. educational support plan (*Förderplanung*), including the school's counselling team, etc.)

Are you receiving support from professionals outside of school?

yes      no

Optional: If yes, what kind of support?

Educational counselling

Youth Welfare Office (*Jugendamt*)

Ergotherapy

Speech therapy

Learning therapy

Psychotherapy

other professionals:

Is there anything you would like to tell us about this?

(e.g. results from diagnostic services, expert opinions, recommendations by other specialist services)

### What else would you like us to know?

Is there any other information that might be important for the counselling process?

## Declarations and signature

- We have read and understood the information on data protection (information sheet or [www.schulpsychologie.muenster.de](http://www.schulpsychologie.muenster.de)).
- We enclose a signed copy of the declarations of consent (*Einverständniserklärung*).

**We hereby jointly register for School Psychological Counselling.**

Place, date

Student's signature

Teacher / educational staff signature