**Request for Counselling Services**

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| Reason for request for counselling services:  |
| \*Date of receipt of request:  |
| Client’s name:  | Client’s surname:  |
| Date of birth:  |
| Client’s current home address:  |
| School, class:  |
| Previous special examinations:  |
| Examination requested by (name, relationship to client):  |
| Telephone:  |
| E-mail:  |
| Client’s ability to communicate in Czech:  |
| Guardians’ ability to communicate in Czech:  |
| Need for translator (into what language):  |
| \*File number:  |
| \*Request received by:  |
| \*Appointment with:  |
| \*Appointment date:  |

\* to be filled by the counselling centre