**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