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**FORM A**

NEW CHOICES 2023 REFERRAL FORM

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| 1. **STUDENT DETAILS** |

NAME:

DOB:

BASE SCHOOL:

ATSI: YES/NO

MALE / FEMALE / OTHER

CURRENT YEAR: 9/10

MEDICAL DIAGNOSIS:

ABSENCES: FULL DAY: PART DAY:

|  |  |  |
| --- | --- | --- |
| **SUPPORT SERVICES** | **CURRENT services** | **PREVIOUS services** |
| Juvenile Justice |  |  |
| Distance Education |  |  |
| ESL New Arrivals Program/ Targeted Support |  |  |
| Funding Support |  |  |
| Home School Liaison Officer |  |  |
| Out of Home Care |  |  |
| School Counsellor |  |  |
| Support Class |  |  |
| Support Teacher Transition |  |  |

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| 1. **BEHAVIOUR - Please give an brief overview (Welfare issues, mental health, drug use, violence, criminal involvement, suspension history etc)** |
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| 1. **ATTACHMENTS** |
| Risk Management Plan – Student Behaviour Yes No Date Developed: Date of Review: |
| Health Care Plan Yes No Date Developed: Date of Review: |
| Individual Education Plan Yes No Date Developed: Date of Review: |
| Behaviour Management Plan Yes No Date Developed: Date of Review: |

|  |  |  |
| --- | --- | --- |
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| 1. **CONTACT DETAILS** | | |
| Primary Carer’s Name |  | |
| Relationship to Student |  | |
| Main Phone Contact |  | |
| Primary Carer’s Home Number |  | |
| Primary Carer’s Work Number |  | |
| Primary Carer’s Mobile Number |  | |
| Student Address |  | |

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| **5. LEARNING SUPPORT TEAM COORDINATOR/ HT WELFARE** |
| Learning Support Team Coordinator’s/ HT Welfare comments:    Name: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |
| **6. PRINCIPALS ENDORSEMENT or Delegated Deputy Principal** |
| Principal’s comment:  Name: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Select to confirm a signed hard copy of this document is filed at school on the Student Record. |