# SCHOOL/ AGENCY REFERRAL FORM

**Student Details (to be completed by referral school/agency)**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Address:</td>
<td>Student Phone:</td>
</tr>
<tr>
<td>Parent / Carer Name/s:</td>
<td>Parent / Carer Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Referring school/agency details**

<table>
<thead>
<tr>
<th>School:</th>
<th>School Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Year Level:</td>
<td>Referring Person:</td>
</tr>
<tr>
<td>Referring Person’s Position:</td>
<td>Referring Person’s Phone:</td>
</tr>
<tr>
<td>Referring Person’s Email:</td>
<td>Guidance Officer:</td>
</tr>
<tr>
<td>GO Email:</td>
<td>GO Phone:</td>
</tr>
</tbody>
</table>

**Reason for Referral**

- [□] Not Attending School
- [□] Suspended
- [□] Excluded
- [□] Agency Referral
- [□] Court Order
- [□] Other (details required)

**Verified Categories**

- [□] ASD
- [□] HI
- [□] II
- [□] PI
- [□] SU
- [□] VI
- [□] None
- [□] Review of Verification Required

- [□] Yes
- [□] No

**Attendance Record**

**Current Year:**
- Explained _______________
- Unexplained _____________

**Previous Year:**
- Explained _______________
- Unexplained _____________

**Documents Requested**

- [□] Category Verification
- [□] Current IAP
- [□] Current EAP Profile
- [□] Individual Management Plan
- [□] AIMS Report
- [□] Most recent Report Card
- [□] Behaviour Management Plan
- [□] Incident Reports
- [□] Court Order

**Please indicate those attached.**
### Social / Emotional / Behavioural Details (✓ Please indicate those applicable)

- [ ] Self regulation
- [ ] At risk behaviours
- [ ] Understanding of social norms
- [ ] Awareness of danger
- [ ] Ability to interact with peers
- [ ] Responds to redirection
- [ ] Ability to interact with adults
- [ ] Affective conflict management skills
- [ ] Affective anger management
- [ ] Ability to form and maintain friendships

### Details Regarding Information Above (if not enough room, please attach a separate sheet)

**IMPORTANT**

**Parent / Carer Authority**

I __________________________ hereby authorise __________________________ of __________________________ School Name to disclose and/or transfer all information including supporting documents and reports relating to __________________________ Student’s Name to Carinity Education Glendyne.

Signature: __________________________ Date: ____________

Name of Person Completing Form: __________________________

Position / Job Title: __________________________

Signature: __________________________ Date: ____________

Name of Transition Case Manager: __________________________

Position / Job Title: __________________________

Signature: __________________________ Date: ____________