

REFERRAL FORM

PROFESSIONAL REFERRAL FORM

This section is to be completed by a professional referee who has an understanding of the student's educational support needs. A suitable referee may include a Principal, Teacher, Guidance Officer, Psychologist, General Practitioner, Specialists, Youth Support Workers, Therapists or another relevant professional. The criteria for Special Assistance Schools (SASs) in Queensland requires a student to have disengaged or be at serious risk of disengagement from mainstream schooling. Factors may include behaviour, social emotional factors, or the impact of a disability.

While referral is a prerequisite to admission, it is not guaranteed. Ontrack College Emerald reserves the right to offer a place to any applicant irrespective of date of application. Reasons for non-admission are not limited to;

- No places available at the student's year level
- Ontrack College Emerald cannot provide adequate resources and support to meet the student's needs
- Unresolved issues between the student and other student/s currently enrolled at the College that may breach Child Safety or Duty of Care

The enrolment of an Ontrack student may be terminated at any time in accordance with the criteria set out in the Student/Parent Handbook.

STUDENT DETAILS

(To be completed by referring school/agency)

| | | | |
|---|--|-------------|--|
| Student's Name: | | Year Level: | |
| Address: | | | |
| Contact Name: | | | |
| Address: | | | |
| Mobile: | | Work: | Home: |
| Email | | | |
| Relation: Mother / Father / Carer / Guardian / Relative | | | Lives with Child: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any communication limits with student / family / guardian? <i>E.g. court orders, language barrier, reading and writing issues, no internet, etc.</i> | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below: | | | |

Referring School / Agency

| | | | |
|--|--|-----------|--|
| School / Agency: | | Phone: | |
| Referral Person Name: | | Position: | |
| Referral Person Email: | | | |
| If referred by Dept. of Families / Youth Justice | | | |
| Date of Order (from and to): | | | |
| CSO Name and Contact Details: | | | |

REFERRAL FORM

| Reason for Referral | Schooling and Attendance Record |
|---|--|
| <input type="checkbox"/> Behavioural Needs <input type="checkbox"/> Social / Emotional <input type="checkbox"/> Disability Needs <input type="checkbox"/> Not Attending School (<i>school refusal</i>) <input type="checkbox"/> Excluded / Expelled / Suspended <input type="checkbox"/> Court Order <input type="checkbox"/> Parent Request <input type="checkbox"/> Other (<i>please explain</i>): | Previous School (<i>if not referring school/agency</i>): Month & Year of Last Attendance: Supporting Documents from Previous School: (<i>Please tick supplied documents</i>) <input type="checkbox"/> IEP / ICP / IDP <input type="checkbox"/> Academic Report <input type="checkbox"/> Speech / Language Assessments <input type="checkbox"/> Management Plans <input type="checkbox"/> Incident / Behaviour History <input type="checkbox"/> Attendance Summary <input type="checkbox"/> WISC Assessments / Level <input type="checkbox"/> Guidance Reports <input type="checkbox"/> Court Orders <input type="checkbox"/> AIMS Report / ISQ <input type="checkbox"/> Other (<i>please explain</i>): |
| Verification | |
| <input type="checkbox"/> Autism Spectrum Disorder (<i>ASD</i>) <input type="checkbox"/> Hearing Impairment (<i>HI</i>) <input type="checkbox"/> Intellectual Disability (<i>ID</i>) <input type="checkbox"/> Physical Impairment (<i>PI</i>) <input type="checkbox"/> Speech and Language Impairment (<i>SLI</i>) <input type="checkbox"/> Visual Impairment (<i>VI</i>) <input type="checkbox"/> Social Emotional Disorder (<i>SED</i>) AIMS ID Number: | |
| Supporting information for referral (<i>E.g. medical diagnoses/concerns, education information/concerns, behavioural details, family information, etc.</i>) | |

Support Needs: *how have you supported the student and in your view what support would be needed to re-engage the student?*

| | |
|------------------------------|--------------|
| Referrer's Signature: | Date: |
|------------------------------|--------------|

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|--|--|
| OFFICE USE ONLY: <i>Does the student meet the criteria of 'disengagement' from mainstream schooling?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|