

CONFIDENTIAL APPLICATION FORM

For Student Outreach Service

Surname:

First or Given Name:

Date of Birth: Age:

Current Year Level:

School:

Is the student of Aboriginal or Torres Strait Islander origin?

Yes

No

Current Support Program: PSD DIP

Dates Assessed:

Report Compiled by:

Date Referral Submitted:

Along with this referral document, the following information is required to support the referral.

1. Program for Students with Disability:

- i. CURRENT Cognitive assessment e.g. W.I.S.C. /5 W.P.P.S.I. 4 (LESS THAN 2 YEARS OLD)
- ii. Appropriate behavioural assessments interpretations to be provided e.g. Achenbach Teacher Referral Form
- iii. A current individual learning plan (ILP)
- iv. A current individual behaviour support plan (BSP)

Or

2. Disability Inclusion Program:

- i. Vineland
- ii. Notification of Disability Inclusion Profile Outcome
- iii. Current Individual Education Plan (I.E.P)
- iv. A current individual behaviour support plan (BSP)

Please present evidence that the student satisfies the first criterion for application for Severe Behaviour Disorder funding:

Criterion a) Student displays disturbed behaviour to a point where support in a withdrawal group or special class is required.

A. Contact Details

DET Psychologist/Social Worker

Name:

Email:

Phone number:

School Principal Class Officer

Name:

Role:

Email:

Student Well-Being coordinator

(Or main school based person involved with the student apart from classroom teacher)

Name:

Role:

Email:

Phone number:

Classroom Teacher

Name:

Email:

Phone number:

Parent(s)/ Carers

Name:

Email:

Phone number:

B. Family Information

Custody Arrangements

Family Structure

Agency Involvements

Parent Knowledge of and Commitment to Placement

Please report using the following headings (a couple of sentences is sufficient for each applicable area. If there is not enough space, then please add an appendix).

C. Student Information Brief Developmental History

Medical History and Current Medications

Social/Emotional History with Achenbach Interpretation

Behavioural History: School/Home/Neighbourhood

Comments on Student Management Plans and Evaluations

D. Referring SSSO and Ancillary Service Information

(to gain a present and Historical perspective of involvement with SSSO's and other medical services)

SSSO Involvement with Student

Summary of Cognitive and Educational Assessments / Adjustments

Comments on Family Relationships and Interventions or services that may have been involved:

E. Statement of Professional Opinion

Reasons for Behaviour and Learning Difficulties

Contraindications for Placement (Other Disorders)

Placement:

SOS team will make final decision whether Outreach is suitable for the student after reading application and taking into consideration all information.

Outreach (support in referring school)

Principal (or delegate)

Name: _____

Signed: _____