CONFIDENTIAL APPLICATION FORM

For Student Outreach Service

Surname:		
First or Given Name:		
Date of Birth:	Age:	
Current Year Level:		
School:		

Is this student of Aboriginal or Torres Strait Islander Origin? (Tick)

🗆 No 🔅 Yes, Aboriginal 🔅 Yes, Torres Strait Islander 🔅 Yes, Both Aboriginal & Torres Strait Islander

Current Funding Level:	
Dates Assessed:	
Report Compiled by:	
Date Referral Submitted by School:	

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

- 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)



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

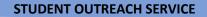
Custody Arrangements

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

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

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



STUDENT OUTREACH SERVICE

E. Statement of Professional Opinion

Reasons for Behaviour and Learning Difficulties

Placement:

Principal (or delegate)

Name: _____

Signed: ______

SSSO

Name: _____

Signed: ______

