

**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:**

**E. Statement of Professional Opinion**

**Reasons for Behaviour and Learning Difficulties**

**Placement:**

*Principal (or delegate)*

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

*SSSO*

Name: \_\_\_\_\_

Signed: \_\_\_\_\_