



Referral Form

Please choose either suspension or the Revive Program, students can't be on both.

Student Details table with fields: Surname, Given names, D.O.B, Sex, School, Year/Class, Name of parents/carers

Contact details table with fields: Home address, Home, Work, Mob

Suspension Details table with fields: Date of suspension, Number of days, Proposed resolution meeting date

Reason(s) for long suspension (refer to The Student Behaviour Policy and Procedures)

- List of suspension reasons including Bullying, Use of weapons, Possession of weapons, etc.

Does the school commit to the students return to school before or on the deadline for resolution? Any special considerations?

Revive Program

Reason(s) for wanting the Revive Program

- List of reasons for Revive Program including Student Dis-Engaged, Having difficulties self-regulating, etc.

The parent/carer will have to ensure that the child gets back to school after 1.00pm. Is the parent agreeable to this? YES / NO

Revive Program

How many weeks are you requiring?

- Two weeks (10 school days)
- Three weeks (15 school days)

School Interventions

Has the school referred to the new Student behaviour strategy? YES / NO

if yes, what strategies have you used?

Tick interventions that have already occurred (attach additional sheets if required)

<input type="checkbox"/> Interview with student	<input type="checkbox"/> Attendance Contract	<input type="checkbox"/> SLSO Support
<input type="checkbox"/> Interview with parent/carer	<input type="checkbox"/> XEL Program	<input type="checkbox"/> Funding Support
<input type="checkbox"/> Counsellor support	<input type="checkbox"/> Referral to outside agencies- (please detail)	
<input type="checkbox"/> Referral to LST		
<input type="checkbox"/> Behaviour Contract	<input type="checkbox"/> Other support- (please detail)	
<input type="checkbox"/> Social skills program		

Anticipated Student Outcomes

Outcome:

Mentor teacher who will be supporting the students return to school

Name	Position
Most direct phone	Best contact time

School Counsellor Details

Name	Phone
	Days at school

Known Risk Factors

Does the student have a history of violence?	Y/N
Does the student have a history of self-harm?	Y/N
Are there any other known risks factors?	Y/N
If yes, give details	
Have the student's parents or other people living with the student behaved aggressively towards the school?	Y/N
Has an Enclosed Lands Act ban been issued to prevent the students' parents or other people living with the student from entering the school?	Y/N

Please attach all information (*if not already sent*)

- Copy of Notification of Suspension
- Copy of Caution Letter
- Individual Behaviour Support Plan or Behaviour Response Plan or a Risk Assessment Plan.
- Any supporting information to assist the program

Supporting comments:

Name

Principal's Signature

Date:.....

Panel – Approved / Not Approved

Date: