

## **Karayuna Learning Centre**

**Drummond Memorial Public School Rusden Street ARMIDALE NSW 2350** Phone: 02 67728241

Email:

heidi.waters1@det.nsw.edu.au

## Referral Form

Program, students can't be on both.									
Student Details									
Surnam	e:				Given names:				
D.O.B:				Sex Male/Female (circle)					
School:				Year/Class:					
Name of parents/carers (Mr, Mrs, Ms)									
Home a									
Contact	details	Home:	Work:			Mob:			
Suspension Details									
Date of	suspens	sion	Number of day	Number of days Proposed reso		posed resolution meeting date			
Reason(s) for long suspension (refer to The Student Behaviour Policy and Procedures)									
□ Bu	llving and	d Cyber Bull	vina			Use of a prohibited weapon, firearm or knife.			
		•	ehaviour posing			•			
	•		other persons' lear	rning	_	knife.			
and	d/or well-	being.				Use of implement as a weapon.			
☐ De	struction	of property	that poses unacce	ptable		Use of a suspected drug or illegal substance.			
risk	k to healt	h and safety	<b>'.</b>			Possession of a suspected drug or illegal			
☐ Psychological abuse						substance.			
☐ Verbal abuse						Supply of a suspected drug or illegal			
☐ Ra	☐ Racism or discrimination					substance.			
☐ Mis						Serious criminal behaviour related to the			
	sault	0,				school.			
☐ Cri	minal bel	haviour				Serious behaviours of concern – pending			
		behaviour				expulsion decision			
_ /.9	ysical vio								
□ F11	ysicai vio	ierice							
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 w	anting the	Revive Program						
☐ C#.	ident Die		-			Is or being bullied at school			
	☐ Student Dis-Engaged from school					Withdrawn from self and peers			
	Having difficulties self-regulating					Needing some time-out from school and their			
<ul><li>Truancy at school</li><li>Friendships problems</li></ul>					peers				
☐ Fri	<del>c</del> nusnips	hionettis				Other			
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 Prog	gram						
How many weeks are you rec	quiring?							
☐ Two weeks (10 scho	ool days)							
I I WO WEEKS (10 SCHO	ioi days)							
☐ Three weeks (15 school	ol 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 alr	eady occurred (attach add	ditional sheets if required)						
☐ Interview with student	☐ Attendance Contract	☐ SLSO Support						
☐ Interview with parent/carer	□ XEL Program	☐ Funding Support						
☐ Counsellor support	Referral to outside agencies- (please detail)							
☐ Referral to LST								
☐ Behaviour Contract	☐ Other support- (please detail)							
☐ Social skills program								
Anticipated Student	Outcomes							
Anticipated Student	Outcomes							
Outcome:								
Mentor teacher who	will be supporting t	he students return to school						
Name	Position							
Most direct phone	Best conta	act time						
Sc	chool Counsellor D	<b>Details</b>						
Name	Phone							
	Days at so	chool						
	_							
	Known Risk Fa	ctors						
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 ot	her people living with							
the student behaved aggressive school?		Y/N						
Has an Enclosed Lands Act ban been issued to Y/N								
I provent the students' perents or		1/1N						
prevent the students parents or	other people living with	1710						

Please attach <u>all</u> 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:						