



Education

Karayuna Learning Centre

Drummond Memorial Public School
Rusden Street
ARMIDALE NSW 2350
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Referral Form

Student Details	
Surname:	Given names:
D.O.B:	Sex: Male/Female (circle)
School:	ATSI/NESB (circle)
Year:	

Name of parents/carers	
Home address	
Contact details	Home: Work:
	Mob:

Suspension Details		
Date of suspension	Number of days	Proposed resolution meeting date
Reason(s) for long suspension (refer to Section 6.3.2 of Suspension Procedures)		
<input type="checkbox"/> Physical violence <input type="checkbox"/> Use of a prohibited weapon, firearm or knife <input type="checkbox"/> Possession of a suspected illegal substance <input type="checkbox"/> Use of a implement as a weapon or threatening the use of a weapon <input type="checkbox"/> Serious criminal behaviour related to the school <input type="checkbox"/> Persistent misbehaviour		
Does the school commit to the students return to school before or on the deadline for resolution?		
Any special considerations?		

Re-Engagement Details
Number of Weeks (Max 3)
Reason(s) for Re-Engagement

School Interventions		
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/carers	<input type="checkbox"/> NCCD/Learning Adj	<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*)

<input type="checkbox"/> School Counsellor Suspension Report/s
<input type="checkbox"/> Risk Assessments/Behaviour Plans (WH&S)
<input type="checkbox"/> Full records from previous interventions eg Sentral, Millennium or other
<input type="checkbox"/> Part-Time Attendance form signed by Director (Re-Engagement Program only)
<input type="checkbox"/> Any supporting information to assist the program e.g. IEP

Supporting comments:

Name

Principal's Signature

Date:.....

Approved/Not Approved