Darlington Public School

Learning and Support Policy and Procedures
Support Document
2014
REFERRAL TO SCHOOL COUNSELLOR
From Learning Support Team / Student Welfare Committee

For completion by PARENT OR CAREGIVER

Privacy Notice: This information is being obtained to assist the school counsellor in providing support for your child. It may, as appropriate, be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the school counsellor.

Please speak with the year advisor or school counsellor if you would like help to complete this form.

Reason for referral / what concerns do you have?

Developmental History (e.g. has your child ever been seriously ill or had an accident?)

Previous assessments: eg by Dr, Psychologist, Speech Therapist (Please say who and attach copies of reports if possible.)

Is there anything else you would like the school counsellor to know?

What do you hope will happen as a result of the school counsellor seeing your child?

I have read the Privacy Notice and give permission for the school counsellor to:

Carry out assessment and counselling as required: YES / NO
Contact the authors of the reports I have provided from the agencies listed: YES / NO
Exchange information with these agencies: YES / NO

Parent / caregiver’s signature: ______________________ Date: ____________

Student’s Name: ______________________
School: ______________________
Date of Birth: ______________
Date of referral: ______________
REFERRAL TO SCHOOL COUNSELLOR
From Learning Support Team / Student Welfare Committee
(For students Kindergarten to Year 6)

For completion by CLASS TEACHER or LST/SWC CO-ORDINATOR

| Student’s Name: __________________________ |
| School: ________________________________ |
| Date of Birth: ________________________ |
| Year or Grade: ________________________ |

NB. A copy of this referral form may be given to, or discussed with, parents or caregivers.

Please complete relevant sections. Other information may be attached.

<table>
<thead>
<tr>
<th>First referral □</th>
<th>Re-referral □</th>
<th>Completed Parent / Caregiver referral form attached □</th>
</tr>
</thead>
</table>

Reason for referral?

Classroom achievement? (Reading, spelling, number, etc)

Language skills? (Expressive and receptive language, fluency, etc)

Physical skills? (Gross motor, fine motor)

Behaviour, social skills, attendance?

Student’s strengths

What strategies have been tried so far and with what success?

What outcomes would you like from this referral?

Teacher’s name: __________________________ Signature: __________________________ Date: __________

Comments by LST/SWC Co-ordinator

LST/SWC Co-ordinator’s name: __________________________ Signature __________________________ Date: __________
Application for Home School Liaison Program Support

- Please forward completed applications to regional attendance personnel
- Incomplete applications cannot be accepted
- Home School Liaison Officer intervention can only proceed when a range of school based interventions have been implemented and this application has been signed by the student welfare consultant
- Please attach the copy of Example Letter 5 sent to the parents / carers
- The form must be **signed** by the principal or relieving principal.

SCHOOL: 

<table>
<thead>
<tr>
<th>Section A: Student Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname: __________________</td>
</tr>
<tr>
<td>Given names: _______________</td>
</tr>
<tr>
<td>Date of Birth: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Sex: Male ☐ Female ☐</td>
</tr>
<tr>
<td>Year / Class: _______________</td>
</tr>
<tr>
<td>ERN: ______________________</td>
</tr>
<tr>
<td>Background: ☐ Aboriginal / TSI ☐ Language Background Other than English ☐ Other</td>
</tr>
<tr>
<td>Language spoken at Home: ________________________________</td>
</tr>
<tr>
<td>Address: ____________________</td>
</tr>
<tr>
<td>Postcode: ________________</td>
</tr>
<tr>
<td>Name of parent / carer: ________________________________</td>
</tr>
<tr>
<td>Phone: (H): ________________ (W): ________________ (M): ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B: Record of Student’s Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absences for previous twenty school weeks:</td>
</tr>
<tr>
<td>Type of absence</td>
</tr>
<tr>
<td>Whole Day</td>
</tr>
<tr>
<td>Part Day</td>
</tr>
</tbody>
</table>

Please attach a photocopy of the attendance register indicating the student’s attendance for the previous twenty school weeks.

<table>
<thead>
<tr>
<th>Section C: School Intervention</th>
</tr>
</thead>
</table>

Please outline interventions that have occurred (attach additional sheets if required).

Support personnel involved with the student and family:

Other agencies involved:
Section D: Known Risk Factors

- Has the student a history of violence?  Yes / No
- Has the student been long suspended for violence? Yes / No
- Have the student’s parents or other people living with the student behaved aggressively towards the school? Yes / No
- Has an Inclosed Lands Act ban been issued to prevent the student’s parents or other people living with the student from entering the school? Yes / No
- Other

Principal’s signature: ___________________________ Date: _____/____/____

Section E: To be completed by regional attendance staff

Risk assessment conducted by: * ________________________________

Risk assessment report must be attached before the case is activated *

Entered on to caseload (database): _____/____/____ School notified: _____/____/____

Date

HSLO / ASLO allocated: ______________________________________

Manager HSL Program:

Name: ___________________________ Signature: __________________ Date: _____/____/____

Preliminary investigation assigned to (HSLO):

Name: ___________________________ Date: _____/____/____

Proceed with intervention:  Yes / No *

Approval to commence casework

Signature: __________________ Date: _____/____/____

* Yes: within 5 school days an Attendance Improvement Plan is to be developed

Plan developed: _____/____/____ Example Letter 3 sent _____/____/____

Within 20 days, plan is to be reviewed to check engagement

Date

If no parental engagement and continued poor attendance, matter to be referred for prosecution.

Form B sent _____/____/____ Example Letter 4 sent _____/____/____

* No, reason(s) for declining application for support: _______________________________

and, HSLO provided additional strategies to school (within 5 days) _____/____/____
Darlington Public School
Learning and Support Team
PARENT REFERRAL

Date received by L&ST: ________

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Student name: _____________________________

Class Teacher: ____________________________

Class: __________                    D.O.B. ___________

1. What is your concern?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. Have you discussed this with the class teacher?    YES / NO

3. If so, what was the outcome?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

4. Other factors for consideration:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

5. What outcome would you like from this referral?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Parent Name: ____________________________________________

Signature: ____________________________        Date: ___________