



Student Services Referral Form 2022

Referral date: _____ Person referring (name): _____

Student name: _____ D.O.B. _____

Year: _____ Room: _____

What is the nature of this referral? (Please circle)

Education Support

Developmental/Health Support

SECTION A

Summary of concern (Please provide an overview of your concerns regarding this student.)

<p>ANTECEDENT: Events or interactions that happen before the behavior occurs.</p>	
<p>BEHAVIOUR: Behaviour or sequence which has occurred. What happened? What did the student say or do? How often does it happen? How long does behavior last?</p>	
<p>CONSEQUENCE: Events or interactions that happen after the behaviour. What did the student do after behavior occurred? What did you do after behavior occurred?</p>	

Have parents been contacted regarding your concerns? Yes/No

(If no, what are the difficulties in contacting parents?)

Parent comments/input (After speaking with the parent/carer, please provide an overview of their concerns regarding this student or any other relevant information)

Supporting data/results/observations (Please share any supporting information such as PM reading levels, academic test results, attendance records, etc. that quantifiably support your concern/s)

Does this student have a diagnosed condition, disability or medical issue? Yes/No (Please provide details)

Are you aware of any underlying mental health conditions? (E.g. anxiety, depression, grief & loss, suicide ideations [has a suicide risk assessment been conducted?]) **Yes/No** (If yes, please provide as much detail as possible)

Are any other service providers involved? Yes/No (E.g. Armadale CDS, Parkerville, external psychology, CAMHS. If yes, please describe their involvement as much as possible and the duration of involvement)

Have you referred to Child Development Service (CDS)? Yes/No

Is this student from an EALD background? Yes/No

Is the student Aboriginal/Torres Strait Islander? Yes/No

Do they predominantly speak English at home? Yes/No If not, language spoken at home _____

Briefly comment on this student's attendance _____

Does this student have a current IEP? Yes/No

IBMP? Yes/No

Have you checked the student file for previous Curtin reports or to refer to previous plans for support strategies? Yes/No

Please describe the support strategies that are currently in place for this child (and comment on the success of these strategies)

What action would you like the Student Services team to take? (E.g. arrange consultation/advice to teacher/EA, parent education, assessment, intervention, external referral)

What is your desired outcome?

Thank you for your referral.

Please be sure to inform the student's parent/s/guardian that this referral has been submitted.