

STUDENT REFERRAL FORM

Date		Name of Person Completing Form	
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STUDENT DETAILS

Student Name		Date of Birth	
Preferred name (if applicable)			
Sex/Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		
Is the young person aware of this referral? (please circle)	YES / NO	Is the young person open to an interview at Waranara School?	YES / NO
Young Person's Contact Phone:	Young Person's Address:		
Current School			Year level wanting to enrol in at Waranara
School Contact Phone		School Contact Person	
School Email:			

REFERRER DETAILS

REFERRER NAME	
REFERRER POSITION	
AGENCY/SCHOOL (if applicable)	
ADDRESS	
WORK PHONE NO.	
MOBILE NO.	
EMAIL	

Reason for Young Person's referral to Waranara School:

STUDENT SUPPORT HISTORY

Has the young person attended/been referred to Good Shepherd before?

Yes No

If Yes, which program?

Rise Program Counselling what year?

Does the young person use any of the services below? (please tick):

Psychologist Counselling Occupational Therapy Case worker Speech Pathology

Juvenile Justice Worker Other (please specify

Young Person's Strengths and Interests (as identified by referrer)

ADDITIONAL REFERRAL INFORMATION

When was the student's last recorded school attendance date? (please approximate if exact date not known)

How would you rate this student's level of school attendance throughout the previous term?
(Satisfactory=80% or more attendance;
Unsatisfactory=10 days + absent, including lateness, suspension, illness, and other)

What is the primary reason referrer identifies for student absence (if applicable)?

What additional supports/adjustments do you feel could assist the young person to remain engaged with education, (eg adjustments to classroom, flexible timetable, sensory devices)?

YOUNG PERSON'S SUPPORT NEEDS

Please nominate any additional support needs that may be relevant to this young person

Educational		Personal	
Literacy and numeracy		Peer relationships/Making friends	
Poor concentration		Bullying	
Difficulties completing work/study		Family relationships/conflict	
Turning up on time		Controlling Anger OR Other emotions	
Attendance		Mental Health	
Extra assistance with specific subject/s (please list if relevant)		Confidence/Self Esteem	
		Past Trauma	
Additional details:			

PARENT/CARER CONTACT DETAILS

Name:	Relationship:	Phone:
Address:		Email:
Name:	Relationship:	Phone:
Address:		Email:

LIVING SITUATION

Is the young person in the care of the Minister? Y / N		
Length of time in care:	Name of Caseworker:	Phone:
Where is the young person currently living and with whom?		

FAMILY BACKGROUND

Young person's country of birth:
Parents' countries of birth:
Is the young person or their family members of Aboriginal or Torres Strait Islander origin? Yes / No / unknown

Are any languages other than English spoken at home? Yes / No / unknown	
Is an interpreter required Yes/ No	Language:
Does anyone in the family have a disability? Yes / No / unknown	
If yes, who? Mum or Dad / young person / brother or sister / other	

EMPLOYMENT DETAILS

Mother	Father
<i>F/T P/T Casual Centrelink Benefits</i>	<i>F/T P/T Casual Centrelink Benefits</i>
Young person	Carer
<i>F/T P/T Casual Centrelink Benefits</i>	<i>F/T P/T Casual Centrelink Benefits</i>

OTHER SUPPORT AGENCIES INVOLVED

Name of Agency(eg case worker, psychologist, Speech pathologist etc)	Contact Person	Phone

COURT DETAILS

Has the young person appeared in court/been involved with Juvenile Justice? Y / N
Criminal / family / children's / unknown
Please provide details of any pending charges/previous convictions etc:

OTHER INFORMATION RELEVANT TO STUDENT BACKGROUND AND WELLBEING

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FORMAL ASSESSMENTS/TESTS CONDUCTED (please outline and/or attach results if possible)

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Referrer Signature: _____

**PLEASE RETURN COMPLETED FORM TO:
Waranara School
2 South St, Marrickville NSW 2204
EMAIL: reception.waranara@goodshep.org.au**

OFFICE USE ONLY			
Initial Interview Date			
Interview Outcome	Accepted/Not accepted		
Commencement Date		ID ISSUED	