

CARINITY EDUCATION SCHOOL/AGENCY REFERRAL FORM

GLENLEE CAMPUS 46 Dawson Road Glenlee Qld 4711
Email: info.rockyschool@carinity.org.au

GLADSTONE CAMPUS 803 Glenlyon Road Gladstone Qld 4680
Email: info.gladstoneschool@carinity.org.au

Student Details (to be completed by referral school/agency)		
First Name:	Surname:	D.O.B.:
Student EQ ID:	Student AIMS No:	Student Mobile:
Address:		Gender: M / F
Parent/Carer/Guardian Name:		Daytime Contact No.:
Email:		Student Current Year Level:
Referring school/agency details		
School/Agency:		School/Agency Phone:
Referral Person:		Referral Person Position:
Referral Person's Email:		
Guidance Officer:		GO Contact Phone:
GO Email:		
Reason for Referral	Verified Categories	Attendance Record
<input type="checkbox"/> Not attending school <input type="checkbox"/> Suspended <input type="checkbox"/> Excluded <input type="checkbox"/> Agency Referral <input type="checkbox"/> Court Order <input type="checkbox"/> Parent Request <input type="checkbox"/> Not coping in mainstream <input type="checkbox"/> Other (details required): _____ _____ _____	<input type="checkbox"/> ASD <input type="checkbox"/> HI <input type="checkbox"/> II <input type="checkbox"/> PI <input type="checkbox"/> SLI <input type="checkbox"/> VI <input type="checkbox"/> SED <input type="checkbox"/> NONE	Current School Term: Total absences: _____ Total explained absences: ____ Previous Semester: Total absences: _____ Explained: _____
Documents Required ('X' Please indicate if attached)		
<input type="checkbox"/> Current IEP (if applicable) <input type="checkbox"/> AIMS Report/ISQ Verification (if applicable) <input type="checkbox"/> Most recent report card	<input type="checkbox"/> Behaviour/Individual Management Plan <input type="checkbox"/> Incident Report/Behaviour History <input type="checkbox"/> Court Orders (if applicable)	

Social/Emotional/Behavioural Details ('X' Please indicate those applicable)

Self regulation	At Risk Behaviours
Understanding of social norms	Awareness of danger
Ability to interact with peers	Responds to redirection
Ability to interact with adults	Affective conflict management skills
Effective anger management	Ability to form and maintain friendships

Details regarding history above and/or other relevant information:

IMPORTANT – PARENT/CARER AUTHORITY

I _____ hereby authorise _____
of _____ to disclose and/or transfer all
information including supporting documents and reports relating to _____
_____ to Carinity Education – please select relevant Campus:

- GLENLEE CAMPUS
- GLADSTONE CAMPUS

Signature: _____ Date: _____

Name of Person Completing Form:

Position/Job Title:

Signature: _____
Date: _____

Name of Person Completing Form:

Position/Job Title:

Signature: _____
Date: _____