

**SCHOOL/AGENCY
 REFERRAL FORM**

GLADSTONE CAMPUS 803 Glenlyon Road Gladstone Qld 4680
 Phone: 07 4970 9701 Email: gladstone@carinity.qld.edu.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:		Sex: (circle 1) Male/Female/Not Stated
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"/> Not coping in mainstream	<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: _____
NCCD		Documents Required ('X' Please indicate if attached)
<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Social/Emotional	<input type="checkbox"/> QDTP <input type="checkbox"/> Supplementary <input type="checkbox"/> Substantial <input type="checkbox"/> Extensive	<input type="checkbox"/> Current IEP/ICP 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 Gladstone.

Signature: _____ Date: _____

Name of Person Completing Form:

Position/Job Title:

Signature: _____
Date: _____

Name of Person Completing Form:

Position/Job Title:

Signature: _____
Date: _____