

SCHOOL / AGENCY REFERRAL FORM

PARENT CARER AUTHORITY TO RELEASE INFORMATION to CARINITY EDUCATION - GLENDYNE	
(Parents /carer / guardian name) _____ authorise the referring person below from _____ School to disclose and / or transfer all information relating to the student listed below, including requested and supporting documents via email to Student Services (glendyne@carinity.qld.edu.au) of Carinity Education – Glendyne.	
Parent/ carer/ guardian signature: _____	Date: _____

STUDENT DETAILS (For completion by referring school and/or agency)		
First Name:	Surname:	D.O.B
Student Address:		Student Mobile:
		E.Q ID:
Current Year Level:	Student AIMS Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

PARENT DETAILS	
Parent/ Guardian/ Carer Name:	
Email address:	Daytime Contact Number:

REASON FOR REFERRAL			
<input type="checkbox"/> Behavioural issues	<input type="checkbox"/> Bullying	<input type="checkbox"/> Court Order	<input type="checkbox"/> Depression / Anxiety
<input type="checkbox"/> Excluded	<input type="checkbox"/> Extra Learning Support	<input type="checkbox"/> Hands on Curriculum	<input type="checkbox"/> Other
	<input type="checkbox"/> Small class sizes	<input type="checkbox"/> Suspended	
<input type="checkbox"/> Not attending school (risk of dis-engagement)			

SOCIAL / EMOTIONAL / BEHAVIOURAL DETAILS			
<input type="checkbox"/> Ability to interact with peers	<input type="checkbox"/> Ability to interact with adults	<input type="checkbox"/> Ability to form and maintain friendships	
<input type="checkbox"/> Self regulation	<input type="checkbox"/> At Risk Behaviours	<input type="checkbox"/> Responds to re-direction	<input type="checkbox"/> Understanding of social norms
<input type="checkbox"/> Affective anger management		<input type="checkbox"/> Affective conflict management skills	

VERIFICATION DETAILS (Tick where applicable)							
<input type="checkbox"/> NONE	<input type="checkbox"/> ASD	<input type="checkbox"/> HI	<input type="checkbox"/> ID	<input type="checkbox"/> PI	<input type="checkbox"/> SLI	<input type="checkbox"/> VI	<input type="checkbox"/> SED

ATTENDANCE & BEHAVIOURAL RECORD	
PREVIOUS SCHOOL SEMESTER:	
Total number of absences:	Total Number of MAJOR incidents:

REFERRING SCHOOL / AGENCY DETAILS	
School / Agency Name:	Phone number:
Name of referring person:	Referring person position:
Referral person's email address:	Phone number (direct):
Name of Guidance Officer:	Email address:
Guidance Officer phone number (direct):	

DOCUMENTS REQUIRED (to be attached to Referral form)	
<input checked="" type="checkbox"/> OneSchool Profile (including Attendance, Behaviour and Academic Reporting)	
<input checked="" type="checkbox"/> AIMS report / ISQ Verification (if applicable)	<input checked="" type="checkbox"/> Current IEP (if applicable)

FURTHER DETAILS REGARDING HISTORY AND / OR OTHER RELVANT INFOMRATION

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NAME & CONTACT DETAILS OF PERSON COMPLETING REFERRAL

Name:	Position Title:
Signature:	Date: