CARINITY EDUCATION
Glendyne
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carinity

SCHOOL / AGENCY REFERRAL FORM

PARENT / CARER AUTHORITY TO RELEASE INFORMATION to CARINITY EDUCATION - GLENDYNE

(Parents /carer 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 signature: _____ Date: _____

DOCUMENTS REQUIRED (to be attached to Referral form)

☐ Oneschool Profile (including Attendance, Behaviour and Academic Reporting)		
☐ Medical diagnosis	☐ Current IEP (if applicable)	☐ NCCD Documents incl adjustments
☐ Child Safety Details (if applicable)		

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:		**Gender:** ☐ **M** ☐ **F** ☐ **U**

PARENT / CARER DETAILS

Parent / Carer Name:	**Relationship to Student:**
Email address:	**Daytime Contact Number:**

REASON FOR REFERRAL

☐ Behavioural issues	☐ Bullying	☐ Court Order	☐ Depression / Anxiety
☐ Excluded	☐ Extra Learning Support	☐ Hands on Curriculum	☐ Other
☐ Small class sizes	☐ Suspended		
☐ Not attending school (risk of dis-engagement)			
Details:			

IDENTIFIED MENTAL HEALTH/PHYSICAL DISABILITIES: (Tick where applicable) IF ANY ARE TICKED, PLEASE PROVIDE REPORTS							
☐ NONE	☐ ASD	☐ HI	☐ ID	☐ PI	☐ SLI	☐ VI	☐ 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):	

NAME & CONTACT DETAILS OF PERSON COMPLETING REFERRAL	
Name:	**Position Title:**
Signature:	**Date:**