

ROCKHAMPTON SCHOOL/AGENCY REFERRAL FORM

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)	

