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| **LEARNING & BEHAVIOUR UNIT LEARNING CENTRE REFERRAL FORM** |
| **Complete all areas – insufficient information may result in delay to allocation process** |
| **Student Details** | Student Name: | Parent/Caregiver Name: |
| Date of Birth: | Year level: | Address: |
| ED ID: | Phone: |
| Exclusion Dates: **(Attach Notice of Exclusion)** | From: | To: |
| Previous LC placement: [ ]  Beafield LC [ ]  Cowandilla LC [ ]  Southern LC Year  |
| Parent/Caregiver has access to transport?[ ] Yes [ ]  No  | Parent/Caregiver consents to Learning Centre Placement? [ ] Yes [ ]  No |
| [ ]  EALD | [ ]  Aboriginal/TSI | [ ]  Intervention/Custody Order | Currently attendsFull time [ ]  Part time [ ]  |
| [ ]  DCP involvement | [ ]  Child in Care | IESP Funding [ ] Yes [ ]  No [ ]  IESP Grant Cat: [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  9+ RAAP  |
| [ ]  SWD | [ ]  Speech & language | [ ]  ASD | [ ]  Intellectual | [ ]  Learning difficulty | [ ]  Sensory processing |
|  | [ ]  Medication | [ ]  Medical Condition Please specify: |
| **Team Around the Child (TAC): School, Services, Agencies** | **Please complete**  |
| School:  | Partnership:  |
| School referrer:    | Email:  | Phone:  |
| **TAC Case Lead (name):** | **Contact number:**  | **Role:** |
| **Student Support Services** | Name | Contact number | Email: |
| Behaviour Support Coach |  |  |  |
| Special Educator |  |  |  |
| Aborignal Services |  |  |  |
|  |  |  |  |
| **NDIS** |  |  |  |
|  |  |  |  |
| **Government Agencies** |  |  |  |
|  |  |  |  |
| **Non-Government Agencies** |  |  |  |
|  |  |  |  |
| **Documents** | **Please mark as appropriate and provide documentation prior to entry meeting** |
| [ ]  Literacy / Numeracy data | [ ]  One Plan  | [ ]  Behaviour data  | [ ]  Mental Health Plan | [ ]  Speech Pathology report |
| [ ]  Psychology report | [ ]  Safety & Risk Plan  | [ ]  Medication authority | [ ]  Functional Behaviour Assesment |
| [ ]  Behaviour Support Plan | [ ]  Paediatric assess | [ ]  OT / Sensory diet | [ ]  Other |
| **Profile** | **Please mark as appropriate and complete** |
| **Behaviours of Concern****(Descriptors)** | **Triggers****Known patterns of behaviour | day | time | location | people etc.** | **Strengths / Interests** |
| **Violence** | **Actual** | [ ]  Verbal[ ]  Physical | Environmental / Sensory:Transitions:Relational:Barriers to learning:Day / time:Other:Unidentified:  |  |
| **Threatened** | [ ]  Assault[ ]  Weapons[ ]  Verbal |
|  | **Who or What** |  [ ]  Staff [ ]  Students [ ]  Self (self-harm) [ ]  Community [ ]  Property |
|  | **Other** |  [ ]  Emotional dysreg [ ]  Refusal [ ]  Absconding [ ]  ICT/Cyber [ ]  Sexualised [ ]  Substance Abuse |