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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 attends  Full 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 | | |