



RAYMOND TERRACE RETURN TO SCHOOL CENTRE

Referral Form

SAVE completed form and submit by email to: chad.brown@det.nsw.edu.au

Student Details

Surname	<input type="text"/>	Given Name	<input type="text"/>
DOB	<input type="text"/>	Gender	<input type="text"/>
School	<input type="text"/>	Year	<input type="text"/>
Home	<input type="text"/>		
Parent/carers	<input type="text"/>		
Home Phone	<input type="text"/>	Mobile	<input type="text"/>

Suspension Details

Has the student been long suspended?

If the student HAS been long suspended, answer the following. If not, go to the next section.

Date of suspension No. of days Proposed resolution date

Outline the reason for suspension

Pro-active Intervention

If the student has NOT been long suspended then it is Pro-active Intervention. What is the goal of this intervention?

Placement Time Frame

How long does the school anticipate that the the student will be at the Return To School Centre.

How many days? **Maximum 20 days**

Mentor Teacher Details

Name

Position

Most direct phone

Best Contact time

School Interventions

Tick interventions that have already occurred:

Interview with student

Funding support

RSSSP funding

Interview with parent/carer

LAST support

Teachers Aide support

Counsellor support

Referral to LST

Referral to ISTB

Social skills program

AEO support

Referral to outside agencies

School Counsellor Details

Name

Phone

Days at school

Monday

Tuesday

Wednesday

Thursday

Friday

Known Risk Factors

Does the student have a history of violence?

Yes

No

Does the student have a history of self harm?

Yes

No

Has the student been suspended for violence?

Yes

No

Are there any other known risk factors?

Yes

No

If yes to any of the above, give details. (required)

Have the students parents or other people living with the student behaved aggressively towards the school?

Yes

No

Has an *Inclosed Lands Act* ban been issued to prevent the parents or other people living with the student from entering the school?

Yes

No

Has a risk assesment been completed?

(If yes then include with this form)

Yes

No

Please attach all relevant information

- Copy of Notification of Suspension (Appendix 5) AND long suspension letter (Appendix 7)
- School counsellor suspension report
- Existing risk assessments and records from previous suspensions
- Any other supporting information (HLSO, ISTB, SWC)

Please give as many supporting comments as you can. This gives the centre more information to work with.

Name:

Phone:

Principal
Signature

Date:

SAVE completed form and submit by email to: chad.brown@det.nsw.edu.au