



The Brunswick Learning Space

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www.thebrunswicklearningspace.vic.edu.au

## **REFERRAL FORM**

### **PERSONAL DETAILS OF STUDENT**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student VSN: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Medicare No. \_\_\_\_\_

Contact Details

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact Numbers**

1. Name: \_\_\_\_\_ Ph.No. \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph.No. \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**SCHOOL DETAILS**

Referring School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

Student Wellbeing Coordinator: \_\_\_\_\_

Email/Phone Contact: \_\_\_\_\_

Year Level Coordinator: \_\_\_\_\_

Email/Phone Contact: \_\_\_\_\_

School contact person & position in school: \_\_\_\_\_

Email/Phone Contact: \_\_\_\_\_

Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Current Subject Teachers:**

Name:

Subject:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

**REASON FOR REFERRAL** Tick one or more.

- |                                      |     |                                   |     |
|--------------------------------------|-----|-----------------------------------|-----|
| School refusal                       | ( ) | Low self-esteem                   | ( ) |
| Weak teacher relations               | ( ) | Weak peer relations               | ( ) |
| Verbal aggression toward teachers    | ( ) | Verbal aggression toward peers    | ( ) |
| Physical aggression towards teachers | ( ) | Physical aggression towards peers | ( ) |
| Academic under achievement           | ( ) |                                   |     |

**Please comment further:**

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**How does the school anticipate a placement at The Space will assist the student?**

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## RELEVANT FAMILY BACKGROUND

Please indicate current living arrangements, siblings, custodial agreements etc.

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## RELEVANT HEALTH CONCERNS

(i) Medical (e.g. Asthmatic, ADHD)

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Any current medication/dosages and any issues concerning the taking of the medication which should be known by staff at The Space.

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(ii) Has any formal psychological assessment been conducted? Yes / No  
Please attach relevant details.

(iii) Psychological (e.g. counselling) \_\_\_\_\_

(iv) List any agencies/interventions involved in the support of the student (e.g. Royal Children's Hospital, DHHS, Community Police, Children's Court)

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(v) Does the student have a Mental Health Care Plan?

 No Yes

(vi) Has the student had any vision and/or hearing impairment tests?  
Please provide details.

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## EDUCATIONAL DETAILS

<b>• LITERACY</b>	Very Low	Low	Good	Very Good	Excellent
Reading Skills	( )	( )	( )	( )	( )
Verbal Skills	( )	( )	( )	( )	( )
Written Skills	( )	( )	( )	( )	( )

What is the primary language spoken at home? \_\_\_\_\_

<b>• NUMERACY</b>	Very Low	Low	Good	Very Good	Excellent
Problem Solving	( )	( )	( )	( )	( )

<b>• GENERAL</b>	Very Low	Low	Good	Very Good	Excellent
Attendance	( )	( )	( )	( )	( )
Completion of Homework	( )	( )	( )	( )	( )
Completion of Classwork	( )	( )	( )	( )	( )
Ability to show Initiative	( )	( )	( )	( )	( )
Ability to learn independently	( )	( )	( )	( )	( )

<b>• SOCIAL / BEHAVIOURAL</b>	Very Low	Low	Good	Very Good	Excellent
Peer Relations	( )	( )	( )	( )	( )
Teacher Relations	( )	( )	( )	( )	( )
Classroom Behaviour	( )	( )	( )	( )	( )
Attitude to school	( )	( )	( )	( )	( )

**EXTRA-CURRICULAR ACTIVITIES**

Please comment on interests and level of involvement

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**DISCIPLINARY ACTION**

In the last 12 months has there been

- Suspensions (all types) YES / NO
- Total number of days suspended \_\_\_\_\_
- Conferences/Inquiry procedures YES / NO

**LIST ANY STRATEGIES THAT HAVE BEEN TRIED AT THE SCHOOL TO ASSIST IN DEALING WITH THE DIFFICULTIES**

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**Does the student have a Behaviour Support Plan?**

No  Yes (If yes please attach)

**Does the student have an Individual Learning Plan?**

No  Yes (If yes please attach)

**Has the student’s attendance been regular? Please indicate attendance rates at the time of referral.**

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**ONGOING SCHOOL SUPPORT**

The objective for a student placement at the The Brunswick Learning Space is for successful re-integration to the referring school.

It is understood that a referral to the The Space assumes continued school based support for the student during and beyond the placement.

**PROVISIONAL PLACEMENT**

All placements in The Space are considered provisional, being dependent on:

- general satisfactory progress
- suitability of placement (group composition etc.)
- appropriate school based support
- all relevant information regarding the student being provided to The Space
- successful resolution of any serious or critical incidents
- student accepting responsibility for behaviour and difficulties
- student making a genuine commitment towards achieving personal goals
- student accepting the "Fair Rules" of the Brunswick Learning Space

It is understood that a review may occur at any time throughout the placement. Subject to The Brunswick Learning Space's recommendation, this review may result in either recommitment or early termination of the placement.

The referral will proceed when this form has been authorised by the principal or nominee.

REFERRING PERSON \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THANK YOU!**