**DET new logo** Web address: [www.yarrame.vic.edu.au](http://www.yarrame.vic.edu.au)

Attach Student Photo

Email: [yarra.me.sch@education.vic.gov.au](mailto:yarra.me.sch@education.vic.gov.au)

ABN: 32 453 166 084

**YARRA ME INTAKE PROGRAM**

**STUDENT REFERRAL 2021**

**REFERRAL DATE**: Click here to enter a date.

**STUDENT’S PERSONAL DETAILS**

STUDENT'S NAME: Enter details D.O.B: Enter details. CURRENT YEAR LEVEL 2020: Enter details

HOME ADDRESS: Enter details POST CODE: Enter details

PARENT 1: Enter details. PHONE: Enter details EMAIL: Enter details

PARENT 2: Enter details PHONE: Enter details EMAIL: Enter details

CARER/GUARDIAN: Enter details

PREVIOUS SCHOOLS: Enter details

**SCHOOL DETAILS**

REFERRING SCHOOL: Enter details

ADDRESS: Enter details POST CODE: Enter details

PHONE: Enter details FAX: Enter details. EMAIL: Enter details

CONTACT PERSON WITHIN THE SCHOOL: Enter details

POSITION : Enter details. CONTACT NUMBER : Enter details.

CURRENT CLASSROOM AND SPECIALIST TEACHERS:

NAME: SUBJECT:

1. Click here to enter name. Main classroom teacher

2. Click here to enter name Subject

3. Click here to enter name Subject

4. Click here to enter name Subject

**PROGRAM**

Yarra Me School provides Social and Emotional Learning Intensive programs that is personalised to each student. This is done in partnership with the referring school using a multidisciplinary intervention approach.

Please see our website [www.yarrame.vic.edu.au](http://www.yarrame.vic.edu.au) for a description of the programs and referral criteria.

**TO BE COMPLETED BY THE REFERRING SCHOOL**

1. **REASONS FOR REFERRAL.**

Description of concerns School - Home

Click here to enter text.

In what ways is it anticipated that a placement in the program will assist the student and the family?

Click here to enter text.

1. **SUPPORTS/AGENCIES**

Has an IRIS been lodged in relation to this student’s behaviour? Yes No If YES, please give details

Click here to enter text.

Have DET Regional staff been involved with the student?

Yes No Provide details: name and date: Click here to enter text.

Has a referral to Learning Places Connect been made?

Yes No Provide details: name and date: Click here to enter text.

If yes, outline how the school has implemented the recommendations suggested by LPC team

Click here to enter text.

Have any suspension or expulsions occurred ? Yes No If yes, detail the behavioral consequences

Click here to enter text.

Outline the Staged Response the school has taken to help the student and the family

Click here to enter text.

Outline Whole School Wellbeing and Behaviour Prevention and Early Intervention – currently in place

Click here to enter text.

IsSchool Wide Positive Behaviour Support (SWPBS) implemented across your school?

Yes No SWPBS Coach name and date of implementation: Click here to enter text.

**\* Please note current Cognitive, and Speech Reports must be submitted with this referral**

1. **ASSESSMENTS / PLANS**

Indicate DET/ SSS involvement including assessments

Psychologist Paediatrician Speech Pathologist Occupational Therapist

Outline the strategies suggested by DET/SSS staff and the outcomes

Click here to enter text. Report attached\*

Indicate referral or assessment by other agencies, eg Paediatrician

DHHS RCH MHS MEDICAL SPECIALIST OTHER

Click here to enter text. Report attached\*

Has the student had a vision impairment test?

No Yes Please provide details: Details

Has the student had a hearing impairment test?

No Yes Please provide details: Details

Is the student receiving support through the Program for Students with Disabilities?

No Yes Funding level and criteria: Details

1. **SUPPORT PLANNING**

Does the student have a Behaviour Support Plan/Safety Plan?

No Yes

Details Plan attached

Does the student have an Individual Education Plan?

No Yes

Details Plan attached

Does the student have a Mental Health Plan?

No Yes. Are they accessing psychological service?

Click here to enter text. Plan attached

Does the student have a Student Support Group (SSG)?

No Yes Please provide details of composition and frequency of meetings:

Click here to enter text.

1. **PERSONAL INFORMATION**

Family background (current living arrangements, siblings, custodial agreements).

Click here to enter text.

List the student's strengths and personal resources.

Click here to enter text.

Has the student’s attendance been regular? Please provide attendance summary for the last 8 weeks

Click here to enter text.

1. **MEDICAL REPORTS**

Medical history/General health. (Include any medication the student is taking e.g Ritalin, Concerta, Risperdal )

Click here to enter text.

Is there a medical diagnosis? e.g ASD, ADHD, ODD, OCD

Click here to enter text.

Does the student have a formal (multidisciplinary) ASD diagnosis? No Yes

If YES, a Sensory Profile completed by an Occupational Therapist is required with this referral

Is the student in receipt of NISD funding? No Yes

1. **ACADEMIC**

Please attach copies of the student’s most recent school and NAPLAN reports.

*I agree that I have received consent in writing from the guardian/carer of the student named in this referral which allows for mutual exchange of information between the above-mentioned school and Yarra Me School. I agree that the consent received from the parent/carer acknowledges that the authority will remain in place for the duration of the student’s involvement with Yarra Me School and beyond if information exchange is required for the student’s care.* *Program engagement fee for 2021 will be* ***$500*** *per semester per student, charged to the referring school.*

*I have read and agree with the conditions of the placement as set out* *in* *the* ‘*Partnering Agreement.' See sample agreement on website*

Referring Teacher’s Name: Click here to enter text.

Position: Signature:

Principal’s Name: Click here to enter text. Signature: . Date:Click here to enter a date.

**SEND COMPLETED REFERRAL**

**FORMS TO:**

**Yarra Me School**

**PO Box 8228, NORTHLAND CENTRE 3072**

[**yarra.me.sch@education.vic.gov.au**](mailto:yarra.me.sch@education.vic.gov.au)

**FAX: 9478 6686**

**NOTE: Please complete the Referral Checklist on the next page before lodging the referral form**

|  |  |
| --- | --- |
| **Section** | **Documentation Required with Intake Referral** |
| **Referral Form** | * All sections are completed |
| **Cognitive/WISC Assessment** | * Complete Cognitive Report |
| Current (less than 2 years) is attached |
| **Speech and Language Assessment** | * Complete Speech and Language Report   Current (less than 2 years) is attached |
| **ASD**  **Sensory Profile** | * Sensory Profile Report by Occupational Therapist is attached. This is a requirement for students with a formal ASD diagnosis |
| **Other assessments** | * If other assessments are indicated, the reports must be included e.g medical specialist |
| **Attendance** | * An 8 week attendance summary is included |
| **Custodial Arrangements** | * Copy of any custodial arrangements or intervention orders attached |
| **Signature** | * Principal has signed, and agreed to the conditions in the *Partnering Agreement* |
|  | Please make sure you include all of the required documentation  \*\*Referrals lodged without the above documentation cannot be processed\*\* |
|  | **OFFICE USE ONLY** |
|  | * All sections are complete and reports included |
|  | * Was the student supported in Sec. Consult or Inclusion Support? When? |
|  | Date referral received: |