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

Attach Student Photo

 Email: yarra.me.sch@education.vic.gov.au

ABN: 32 453 166 084

  **YARRAME OUTREACH 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 2021: 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**

YarraMe School provides Social and Emotional Learning Intensive programs that are personalised for 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 the outreach service 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 (LPC) 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.

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.

Indicate referral or assessment by other agencies, eg Paediatrician

 [ ] DHHS [ ] RCH/AUSTIN [ ] MHS [ ] MEDICAL SPECIALIST [ ] OTHER

 Click here to enter text.

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**

Is the student able to play cooperatively in the yard or do they need additional support?

Are there special arrangements in place to support this child’s needs in the yard?

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

 [ ] No [ ] Yes

Details

Does the student have an Individual Education Plan?

 [ ]  No [ ] Yes

 Details

Does the student have a Mental Health Plan?

 [ ] No [ ] Yes. Are they accessing psychological service?

 Click here to enter text.

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

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

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, has a Sensory Profile been completed by an Occupational Therapist ?

Is the student in receipt of NISD funding? [ ] No [ ] Yes

1. **PREREQUISTE TRAINING**

Please confirm that the following conditions will be met prior to the commencement of the service:

School Leadership:

Completion of module *Disability Standards for Education* for education leaders <https://www.nccd.edu.au/professional-learning/disability-standards-education-education-leaders> [ ] No [ ] Yes

Classroom Teachers:

Completion of *Prevent, Teach, Reinforce* modules <https://detbehavioursupport.vic.edu.au/> [ ] No [ ] Yes

*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 YarraMe 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 YarraMe School and beyond if information exchange is required for the student’s care.*

*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.

**UPLOAD REFERRAL FORMS TO:**

<https://www.yarrame.vic.edu.au/inclusion-support-service.html>

**NOTE: Please provide a hard copy of all assessments and reports directly to the YarraMe outreach teacher**