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

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

Attach Student Photo

ABN: 32 453 166 084

**YARRAME OUTREACH COACHING**

**SOCIAL AND EMOTIONAL LEARNING FOCUS**

**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

**OUTREACH SERVICE ONLY**

YarraMe School delivers a Social and Emotional Learning Focus (SELF) using the expert skills of a SEL Teaching Coach. SELF is an outreach intervention program that is aimed at improving students’ interaction with others and self-management of emotions. The SEL intervention focuses on the ways in which students work with, and alongside their peers, teachers, family or community. Personalised plans are developed by the SEL Coach, who works in partnership with the referring school using a multidisciplinary intervention approach.

Please see our website <https://www.yarrame.vic.edu.au/self.html> for a description of the program.

**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 SELF 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 what Whole School Social and Emotional Learning initiatives are currently in place

Click here to enter text.

Is your school a lead or partner of the Respectful Relationships initiative?

Yes No

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

DFFH 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?

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 NDIS 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 Resilience, Rights & Respectful Relationships module <https://deecd.tech-savvy.com.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/self.html>

**NOTE: Please provide hard copies of all assessments and reports directly to the YarraMe SEL Coach**