



CATHOLIC EDUCATION OFFICE BALLARAT

STUDENT SERVICES:

Referral and Parent Consent Form

This form and any required attachments ***must*** be uploaded to the Student Services Referral Portal.

Section 1: Student Details

Student VSN No: _____

Student Name: _____
First Name *Surname*

Year Level: _____ Date of Birth: _____ Gender: _____

Parent/or legal Guardian 1: _____
Title *First Name* *Surname* *Relationship to Student*

Parent/or legal Guardian 2: _____
Title *First Name* *Surname* *Relationship to Student*

Home Address: _____
No *Street* *Suburb* *Post Code*

Telephone: _____
Home *Work* *Mobile*

Parent/Guardian Email Address: _____

Section 2: School Details

School Name: _____

Location: _____ E No: _____

Suburb: _____ Email: _____

Special Education Leader: _____
Title *First Name* *Surname*

Class/Nominated Teacher: _____
Title *First Name* *Surname*

Section 3 Additional Information

This student is:

currently receiving Students with Disabilities (SWD) funding – Please specify _____ a

speaker of English as an Additional Language [EAL/New Arrival] (Please complete Appendix 2)

Interpreting Services Required – This is to be arranged by the school.

Aboriginal and/or Torres Strait Islander/ EAL/D

This student:

has a DHHS order relating to their care. Please specify: guardianship custody

has a Family Court Order related to their care

resides in Out of Home Care

has a health condition. Please specify _____

Any other relevant information that will further inform the service provision

Please note that it is the responsibility of the Out of Home Care Case Manager to inform the school of the student's care arrangements and legal status. https://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/A4_partnering.pdf (p.36)

Section 4: Referral Information:

The following questions are based on the Intervention Process, as articulated in the CECV Intervention Framework (p.6). <http://www.cecv.catholic.edu.au/publications/CECV-Intervention-Framework.pdf>

This Intervention Process outlines a process to support students with diverse learning needs along a continuum, from Identification through to Evaluation.

Identification Why have you requested this service/s for this student?
Targeted Assessment and Analysis- that provides evidence for referral. Summarise the assessment/evidence/data that supports this referral. Please complete the table at Appendix 1 where relevant to summarise assessments/screening tools that have been completed to date?
Learning and Teaching/Behaviour (Intervention) and Evaluation What interventions/adjustments have been implemented? Please comment on duration, frequency (Where appropriate)

Section 5: Medical and/Allied Health Reports

Please attach relevant assessment information or reports from external professionals e.g. Paediatrician, Psychiatrist, Psychologist, Occupational Therapist, Speech Pathologist, Audiologist, Optometrist, Ophthalmologist, Educational Professional, or other specialists. **# Note: Vision and Hearing are required to be assessed prior to a referral.**

Attached Documents and Reports

List the documents that you have attached to this referral:

Document Title E.g Paediatrician letter	Author and role John Smith paediatric Registrar – RCH	Date of Document
# Vision		
#Hearing		

* Schools should submit copies of external specialist reports

Section 6: Service Provision and School Consent

Please Note: Following acceptance of this referral at the Regional Office, the most appropriate service to support the needs of the student will be determined. See the Student Services information booklet for services available.

The school acknowledges:

1. That services for the student may be provided by an **outsourced service provider**
2. Any information provided about the student to the outsourced service provider will be treated in the same way for privacy purposes as by a CEOB caseworker.
3. CEOB will inform the school if the service is to be provided via an outsourced service provider.
4. The caseworker and specific service to be provided may vary following analysis of the student's needs.
5. Information will be forwarded to the school detailing the caseworker and stream service to be provided initially.
6. The school will notify parents of the date a caseworker will visit and the service to be provided.

Please ensure you have attached the following documentation

*Required:

*Signed Actions/Minutes from most recent Program Support Group Meeting

Optional Information Where Relevant

APPENDIX 1: School Based Data

APPENDIX 2: English as an additional language/dialect (EAL/D)

APPENDIX 3: Consent for sharing of information (where there are other relevant external professionals involved)

Current Personalised Learning Plan (PLP)

Behaviour Support Plan (BSP)/ Student Safety Plan (SSP)

Attached specialist reports that are relevant and/or required as part of this referral.

Principal Name:	Principal Signature:	Date:
Class/Nominated Teacher:	Teacher Signature:	Date:

Section 7: Parent Consent regarding use and disclosure of personal information

It is the responsibility of the School Principal or their nominee to explain the following to the parent/carer in plain English and to ensure that they have fully understood the referral request. Each box indicates that you are satisfied that active consent is provided with full understanding.	
Please explain each point outlined below and request an initial to indicate endorsement.	Parent/Carer/ Guardian Initial
I acknowledge that the information contained in and attached to this form is being collected by CEOB for use by CEOB staff, and that the information may be shared between CEOB staff.	
I understand that the CEOB staff will determine the most appropriate caseworker to respond to this referral.	
I acknowledge that the information in and attached to this form is being collected for the purposes of CEOB's Referral Service, and I consent to the information being used by CEOB staff or the purposes of the Referral Service and any related purposes. This may involve carrying out assessments of my child, including assessments conducted by any of the following experts employed by CEOB, regardless of whether I have specifically requested such assessments in Section 4 of this form: <i>Psychologists, Speech Pathologists, and/or Education Officers (VI, HI, CH/PI, ALN)</i>	
I acknowledge that CEOB staff may have access to any reports held by CEOB where a previous referral has been made in relation to my child, in addition to the information contained in and attached to this form.	
I acknowledge that services for my child may be provided by an outsourced service provider and in this case any information provided about my child to the outsourced service provider will be treated in the same way for privacy purposes as by a CEOB staff. CEOB will inform me via the school if the service is to be provided via an outsourced service provider.	
I acknowledge that I have been provided with information regarding CEOB's Referral Service by the School referred to in Section 2 of this form and that I understand the purposes for which the information in this form is being collected. I understand that I am able to opt out of the CEOB Referral Service at any time by notifying the school formally at a PSG Meeting, by email or by letter.	
I understand that this consent will be considered valid whilst these services continue to be delivered.	
Once there has been no contact regarding my child for a period of 12 months this consent will have officially lapsed and a new referral will be required to access further services.	

Has your child been referred to CEOB services previously? Yes No
 Note that the CEOB staff will have access to this information.

If providing permission for CEOB staff to communicate with external professionals, please complete Appendix 3: Consent for Sharing of Information

Parent/Guardian Name:	Parent/Guardian Signature: Date:
Parent/Guardian Name:	Parent/Guardian Signature: Date:

Note: The signatory of this form needs to be the **student's legal guardian**. Where there are no court orders in place both parents share guardianship unless statutory authority is vested with the State. Schools should provide parents/guardians with a copy of the completed referral form.

Catholic Education Office Ballarat is bound by the Australian Privacy Principles contained in the *Privacy Act 1988 (Cth)*. In relation to health records, CEOB is also bound by the *Health Records Act 2001 (Vic)*. The CEOB Privacy Statement is contained in CEOB Policy 2015:

<http://www.ceoballarat.catholic.edu.au/media/uploads/webdocuments/CEOPrivacyPolicyMay2015.pdf>.

Information about referred students will be stored electronically on secure servers within Australia.

Appendix 1 – STUDENT ASSESSMENT DATA

1. Please complete this table to provide information regarding any assessments which have been completed for this student within the last 12 months. (Include raw scores, percentiles and age equivalents where applicable).
2. Please attach to this summary a reading sample, (e.g. Running Record, YARC), and a recent sample of the student's first draft of writing
3. **Please note the # CELF 4 Screeners and # Ravens – Progressive matrices are required for all referrals excluding referrals for Counselling and Articulation**

NB : Language screener may not be appropriate for students who are EAL/D

Assessment Instruments	Date test administered	Raw Score	Age Equivalent	Percentile Rank	Stanine	Other or comment
• # CELF 4 Screeners						
• # Ravens – Progressive Matrices						
• Record of Oral Language						
• Text Level						
• Progressive Achievement Tests-Reading						
• Progressive Achievement Tests-Mathematics						
• YARC- York Assessment of Reading for Comprehension: a. Accuracy b. Comprehension c. Rate						
• MAI – Numeracy Data						
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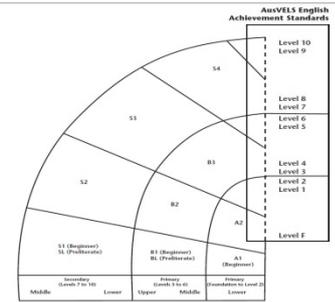
Appendix 2: ENGLISH AS AN ADDITIONAL LANGUAGE / DIALECT (EAL/D)

The [ACARA definition](#) of an EAL/D student can be found in the 2017 Learning Diversity Handbook.

Note: This document should be completed at the point of student identification (and then reviewed and included when a student referral be required)

Please provide details if the student's first language is not English, or if there are additional languages spoken at home which may include Aboriginal and Torres Strait Islander languages.

NB: Referrals for Students with an EAL/D should only be made after consultation with the CEOB EAL/D Coach

Student Name:		Date completed:		Date Reviewed:													
First Language(s):																	
What is the student's home language(s)?																	
How competent are they in this language(s)?																	
With whom and when do they use this language(s)?																	
English:																	
When was the student first exposed to English?																	
How competent are they in English?																	
With whom and when do they use English?																	
What is the student's current preferred language?																	
Where the student was born outside Australia:																	
Where was the student born?																	
When did the student arrive in Australia?																	
Visa sub-class number where the student came to Australia on a migrant or Humanitarian (Refugee) visa:																	
Interpreter:																	
If an interpreter is required for meetings, please indicate the parent/carer's language/dialect:																	
<p>EAL Developmental Continuum F-10</p> <p>Where the student is not being tracked via the Victorian Curriculum F-10 please complete the EAL Developmental Continuum P-10 in all dimensions together with evidence of progress of targeted intervention and attach to the Student Services Referral.</p> <p>The EAL Developmental Continuum F-10 is located on: http://www.education.vic.gov.au/school/teachers/teachingresources/diversity/eal/continuum/pages/default.aspx</p>																	
		<p>Student placement on EAL Developmental Continuum:</p> <table border="1"> <thead> <tr> <th>EAL Developmental Continuum</th> <th>Initial placement</th> <th>Post Placement</th> </tr> </thead> <tbody> <tr> <td>Speaking and listening</td> <td></td> <td></td> </tr> <tr> <td>Reading</td> <td></td> <td></td> </tr> <tr> <td>Writing</td> <td></td> <td></td> </tr> </tbody> </table>				EAL Developmental Continuum	Initial placement	Post Placement	Speaking and listening			Reading			Writing		
EAL Developmental Continuum	Initial placement	Post Placement															
Speaking and listening																	
Reading																	
Writing																	

Appendix 3: CONSENT FOR SHARING OF INFORMATION

I have provided consent for a referral to Catholic Education Office Ballarat (CEOB) for the purposes of the CEOB's Referral Service and any related purposes.

1. I consent to CEOB staff contacting the providers/agencies indicated below regarding my child.
2. I also authorise the CEOB to provide the agencies identified below with information the CEOB has regarding my child's health or educational needs.
3. I consent to all relevant health and/or educational information held by the providers/agencies detailed below to be provided to the CEOB. This includes, but is not limited to hearing and vision assessments and any other health, education or early intervention reports that are considered relevant to the assessment or educational provision for my child. I understand that this information will be collected and used by the CEOB and the school to inform health and safety management strategies and educational programming for my child.

Name of Professional	Agency	Contact Details E.g. Phone, e-mail

Parent/Guardian Name:	Parent/Guardian Signature: Date:
Parent/Guardian Name:	Parent/Guardian Signature: Date:

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