

Strathpine West State School

Referral Form for Students with Additional Needs

Student Name: _____ DOB: _____ Age _____ Sex: M/F

Parent/carer names: _____

Sibling information _____

Class Teacher: _____ Year Level: _____

Referral initiated by: Teacher _____ Parent _____ Other (specify) _____

The concern has been discussed with: Admin _____ Parents/Carers _____

Reason for referral

Curriculum learning (specify concern) _____

Communication _____ Physical access _____

Medical _____ Social/emotional _____ Behaviour _____

Other (specify) _____

Details of the concern _____

Additional Relevant Information

Classroom environment _____

Home environment _____ Intelligence _____

Fine/Gross Motor _____ Perceptual Difficulties _____ Health/Medical _____

Motivation _____ School Change/Absence _____ Speech/Language _____

Comment on these or any other factors: _____

Detail Present/Past Involvement of Outside Agencies (paediatrician, CDS, CYMHS, therapists etc)

Strategies/adjustments already used to address concerns _____

Child's Strengths/Interests _____

Comment on the type of assistance you require for the child: _____

Referring Teacher's Signature: _____ Date: _____

