

# Student Referral Form

Mastery Schools Victoria is a school that assist students who are educationally disengaged or are at risk of disengagement from their current schooling environment and therefore require alternative education.

The Student Referral Form is used as evidence of disengagement and is to be completed by a suitable referee who is familiar and understands the student's educational background.

Suitable referees include:

- previous school/s;
- psychologist or allied health professionals
- child protection services;
- community and youth agencies;
- government departments; or other
- child and youth mental health services.

Please note, written referrals by parents are not considered suitable, please contact the school principal to discuss your circumstances if you're unable to access the above agencies.

## SECTION 1: STUDENT & PARENT/CARER DETAILS

First Name:		Last Name:	
D.O.B:		Current Year Level:	
Address:			
Parent/Carer Name:		Parent/Carer Phone Number:	
Email Address:			
<b>Does the person identify as being of Aboriginal or Torres Strait Islander or any other cultural origin?</b>			
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> None: _____ <input type="checkbox"/> Other: _____			

## SECTION 2: REFERRING SCHOOL/AGENCY DETAILS

School/Agency		Contact Number:	
Name of Referee:		Position of Referee:	
Email Address:			
OR			
Principal/Deputy Name:		Principal/Deputy Number:	
Principal/Deputy Email:			

**SECTION 3: STUDENT BACKGROUND & INFORMATION**

**Is the young person disengaged from their current schooling due to academic or social emotional struggles?**

Yes, please provide as much detail as possible       No, please move to the next question

Does the young person have a verified disability? Please attach evidence of your selection/s.

Learning Disorder such as

- Dyslexia
- Dyscalculia
- Dysgraphia
- Other, please provide details

Intellectual Disability, please provide details

Autism Spectrum Disorder - If yes, what level? \_\_\_\_\_

Speech Language Disorder

Hearing impairment

Vision Impairment

Physical Impairment

Other, please provide details: \_\_\_\_\_

**Has the young person been formally diagnosed by a professional?**

Yes     No, please move to section 4

**Who Diagnosed?**

**What was Diagnosed?**

**When was this Diagnosed?**

**What supporting documentation do you have as evidence? Please list here and attach to this referral**

**Are there other diagnosed disorders Mastery Schools Victoria needs to know about? (Anxiety, Depression, ADHD)**

**SECTION 4: ACADEMIC AND BEHAVIOUR**

**How is the young person disengaged from their current schooling? What kind of academic / social emotional challenges are they experiencing? Be specific.**

**Are there any special circumstances relating to the young person that Mastery Schools Victoria needs to know prior to enrolment? (custody order, state arranged out of home care, and/or other issues)**

Yes, please provide as much detail as possible       No, please move to the next question

**To your knowledge is there anything in the young person's history or circumstances (including medical history) which might pose a risk of any type to them, other students, or staff at Mastery Schools Victoria?**

Yes, please provide as much detail as possible       No, please move to the next question

**Does the young person have any history of violent or destructive behaviour?**

Yes, please provide as much detail as possible       No, please move to the next question

**Has the young person ever been suspended or expelled from any school?**

Yes, please provide as much detail as possible       No, please move to the next question

**Has the young person ever been suspended or expelled from any school for the following reasons?**

- Actual violence towards any other person
- Possession of a weapon or any other item used to cause harm or injury
- Threats of violence or intimidation to staff, students, or others at the school
- Illegal drugs
- None of the above

**SECTION 5: REASON FOR REFERRING**

<input type="checkbox"/>	Learning Issues	<input type="checkbox"/>	Suspended
<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Excluded
<input type="checkbox"/>	Depression/Anxiety	<input type="checkbox"/>	Parent Request
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	School Refusal
<input type="checkbox"/>	Extra Support	<input type="checkbox"/>	Other

**SECTION 6: BEHAVIOURAL, SOCIAL AND EMOTIONAL CONCERNS**

<input type="checkbox"/>	Poor self-regulation	<input type="checkbox"/>	Personal safety
<input type="checkbox"/>	Difficulties interacting with peers	<input type="checkbox"/>	Conflict management skills
<input type="checkbox"/>	Difficulties interacting with adults	<input type="checkbox"/>	Difficulties forming and maintaining friendships
<input type="checkbox"/>	Anger management	<input type="checkbox"/>	Challenging authority
<input type="checkbox"/>	At-risk behaviours	<input type="checkbox"/>	Poor understanding of social norms

**SECTION 7: DETAILS REGARDING HISTORY ABOVE/RELEVANT INFORMATION**

If you selected any of the above options in section 6, please provide full details here as evidence for your selection/s.

What are you hoping the young person achieves if they were enrolled at Mastery Schools Victoria?

## SECTION 8: AUTHORISATION

### IMPORTANT – PARENT/CARER AUTHORISATION

I parent/carer, authorise the person making this referral to disclose/transfer information and any supporting documents of the young person mentioned throughout this document to Mastery Schools Victoria.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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