

# 2019 School Referral Form



This form is to be completed by the student's most recent school in order to determine a student's eligibility for enrolment with the Distance Education Centre Victoria (DECV).

DECV recognises that shared enrolment is often a viable option in providing a strong framework for sustaining wellbeing supports and learning outcomes for students. For further information, please see page 39.

## Section A: Information to determine a student's eligibility and support their enrolment

### School Details:

School Name:		Principal:
Region:	Phone:	Email:

### Student Details:

Name:		Date of Birth:
Gender:	Phone:	Year Level in 2019:
Parent/Carer names:		Length of enrolment at your school:
Please indicate the student's previous school/s if less than one year:		

### Reason for referral to the DECV:

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### PSD Eligibility:

Has this student been assessed through the DET Program for Students with Disabilities?  Yes  No

**PSD category:**  Physical  Visual impairment  Hearing Impairment  Severe Behaviour disorder  
 Intellectual disability  Autism Spectrum Disorder  Severe Language disorder

Please provide details including level of funding if approved: \_\_\_\_\_

### Evidence of the implementation of a Staged Response and the student's inability to attend a mainstream school

<b>Stage 1</b> Early identification and intervention	When did you last see this student?	
	Provide details of the student's past school history and their social/emotional development.	
	How regularly has the student been attending classes?	
<b>Stage 2</b> Intervention strategies	How has the student's learning program been modified?	
	What consultation has occurred with Student Support Service Officers? (Please provide name and contact details.)	
	What agency or community service referrals have been made? (Please specify timeframe and outcome of referrals.)	
	Has a Student Support Group (SSG) been established? Please specify outcomes. Please attach most recent SSG plan.	

**School transition information**

What sort of connection will be maintained with the referred student?	
What steps are planned to support the student to return to mainstream school or another appropriate pathway?	
What time frame do you believe will be required to enable this?	<input type="checkbox"/> By mid-2019 <input type="checkbox"/> By the end of 2019 or beyond

**Please attach the following documents to this referral** (please tick)

- The student's most recent school report     Individual Learning Plan (if relevant)     NAPLAN Report (if available)  
 PSD Assessment/approval reports (if relevant)

**School contact to liaise with the DECV regarding student progress and possible reintegration to mainstream school**

Name:	Role:
Phone:	Email:

**Section B: Information about a prospective supervisor of a DECV student**

Students enrolled at the Distance Education Centre Victoria require supervision by a parent or carer. Supervisors are required to perform a range of duties including:

- facilitating communication between the student and teachers
- comprehending and engaging with material provided by DECV both in a written and verbal format
- ensuring that the student has access to a telephone, computer and suitable work area
- supporting the student to engage and participate in the learning program and the wider school community
- ensuring the student submits work in accordance with the prescribed or negotiated submission timetable

What supports are in place or need to be arranged to assist the parent/carer in their role as supervisor?	
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**Section C: Endorsement of the enrolment**

*(Please Tick)*

I recommend a **full enrolment** with DECV.  **Yes** or **No**

I recommend a **shared enrolment** with DECV and an appropriate mainstream school.  
 If yes, what time fraction at the DECV? \_\_\_\_\_  **Yes** or **No**

I am prepared to be contacted to provide further information and for the purpose of supporting the student's progress.  **Yes** or **No**

I have obtained the consent of the parent/carer or independent student to provide this information to Department of Education and Training and the DECV.  **Yes** or **No**

I accept that after two terms or six months the referred student's progress will be evaluated for the continued suitability in the DECV program. If after this time the student has been continually unable to engage in their individual learning program, the student will be referred back to their original home school.

Principal's signature _____	Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Once completed this form can be returned to the student or sent directly to the DECV via post, fax, or email.  
 Post: 315 Clarendon St, Thornbury, VIC, 3071  
 Fax: (03) 9416 8487  
 Email: enrol@distance.vic.edu.au

All information obtained in this form is dealt with in accordance with the DECV's privacy policy and the Department of Education and Training policies and procedures regarding privacy and record keeping. Queries can be addressed to the DECV Enrolments Office on (03) 8480 0000.

