

# 2020 School Referral Form



## Section A: Important information

This form is to be completed by the **student's most recent school** in order to determine a student's eligibility for enrolment with Virtual School Victoria (VSV). Please see **page 12** for further information on eligibility requirements.

VSV 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 53**.

Full-time enrolment at VSV requires the student be withdrawn from the environment of your school and its learning and support systems, to undertake study through online learning platforms from their family home under the supervision of a parent/carer.

Enrolment is for the current academic year only. It is expected the student will return to a local school after this time or will be required to re-apply for enrolment at VSV. VSV does not receive the DET Program for Students with Disabilities funding.

Students enrolled at Virtual School 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
- ensuring age appropriate adult supervision of the student
- engaging with material provided by VSV 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.

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

School Details			
School Name:	<input type="text"/>	Principal:	<input type="text"/>
Region:	<input type="text"/>	Phone:	<input type="text"/>
		Email:	<input type="text"/>
Student Details			
Name:	<input type="text"/>	Phone:	<input type="text"/>
Gender:	<input type="text"/>	Year Level in 2020:	<input type="text"/>
		Length of enrolment at your school:	<input type="text"/>
Date of Birth:	<input type="text"/>	Parent/Carer Name:	<input type="text"/>
Please indicate the student's previous school/s if less than one year:	<input type="text"/>		
Reason for referral to the VSV:	<input type="text"/>		
Has this student been approved for funding through the DET Program for Students with Disabilities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
PSD category:	<input type="checkbox"/> Physical	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing Impairment
	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Severe Behaviour disorder
		<input type="checkbox"/> Severe Language disorder	
Level of funding approved:	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
		<input type="checkbox"/> Level 4	

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

<b>Stage 1 – Early identification and intervention</b>	
When did you last see this student?	
How regularly has the student been attending classes?	
What are the main factors affecting the students attendance and engagement with learning?	

<b>Stage 2 – Intervention strategies</b>	
How has the student's learning program been modified?	
Has a Student Support Group (SSG) been established? Provide details and attach most recent meeting records and plans.	
Has a consultation/referral occurred with Student Support Service Officers or other DET support services? (Please provide name and contact detail's).	
Have agency or community service referrals been made? Provide details (including key names, contact details, outcome of referrals and time frame's).	

<b>School Transition information</b>	
What steps are planned to support the student to return to your school or another appropriate pathway?	
What time frame do you believe will be required to enable this?	<input type="checkbox"/> By mid-2020 <input type="checkbox"/> By the end of 2020 or beyond
<b>Please attach the following documents to this referral (please tick).</b>	<input type="checkbox"/> The student's most recent school report <input type="checkbox"/> Career Action Plan (if available) <input type="checkbox"/> NAPLAN report (if available) <input type="checkbox"/> Individual Learning Plan (if relevant) <input type="checkbox"/> SSG minutes (if relevant) <input type="checkbox"/> PSD Assessment/approval reports (if relevant)

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<b>School contact</b> To liaise with VSV regarding student progress and possible reintegration to mainstream school	
Name: <input type="text"/>	Role: <input type="text"/>
Phone: <input type="text"/>	Email: <input type="text"/>

<b>Section C: Endorsement of the enrolment</b>	
I recommend withdrawal from mainstream schooling and having a <b>full enrolment</b> with VSV.	<input type="checkbox"/> No <input type="checkbox"/> Yes
I recommend a <b>shared enrolment</b> with VSV and an appropriate mainstream school.	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what time fraction at VSV? _____	
I have obtained the consent of the parent/carer or independent student to provide this information to the Department of Education and Training and VSV	<input type="checkbox"/> No <input type="checkbox"/> Yes
I accept that after two terms or six months the referred student's progress will be evaluated for the continued suitability in the VSV 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 mainstream school.	
Principal's Signature: _____	Date: _____

Once completed, this form can be returned to the patient/client, or sent directly to VSV via post, fax, or email:

**Post:**

Virtual School Victoria  
315 Clarendon Street,  
Thornbury, VIC 3071

**Fax:**

(03) 9416 8487

**Email:**

enrol@vsv.vic.edu.au

All information obtained in this form is dealt with in accordance with VSV's Privacy Policy and the Department of Education and Training policies and procedures regarding privacy and record keeping. Queries can be addressed to the VSV Enrolment Office on (03) 8480 000.