**Campbelltown**

**Supported Return to School Program**

**Referral Form**

**Lithgow Street Campus**

**Lomandra School**

35 Lithgow Street

Campbelltown NSW 2560

Phone: 4628 1244 Fax: 46257345

**Email: campbelltownSRSP@det.nsw.edu.au**

return%20to%20school%20official%20website%20images%20/index.hyperesources/gr_det_logo.gif

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| **Student Details** | | |
| Surname | Given names  Student Email: | |
| D.O.B | Gender: | Support Unit: Yes / No  Head Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| School | Year: |
| Home Address | | |
| Name of parents/carers | | |
| Phone: (Hm) (Wk) (Mobile) | | |

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| **Suspension Details** | | |
| Date of suspension | Number of days | Proposed resolution meeting date |
| Reason(s) for long suspension (refer to Section 6.3.2 of Suspension Procedures)   * Physical violence * Use of a prohibited weapon, firearm or knife * Possession of a suspected illegal substance * Use of a implement as a weapon or threatening the use of a weapon * Serious criminal behaviour related to the school * Persistent misbehaviour   Does the school commit to the students return to school before or on the deadline for resolution? Any special considerations? | | |

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| **School Interventions** | | |
| Tick interventions that have already occurred (attach additional sheets if required) | | |
| * Interview with student | * Integration Funding Support | * SLSO support |
| * Interview with parent/carer | * Referral to outside agencies-   (please detail) | * USSF |
| * Counsellor support | * Other support-   (please detail) | |
| * Referral to LST |
| * Referral to APLaS |  | |
| * Social skills program |

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| **Contact teacher supporting the students return to school** | |
| Name: | Position: |
| Most direct phone: | Best contact time: |
| Email: | |

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| **School Counsellor Details** | |
| Name: | Phone: |
| Email: | Days at school: |

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| **Known Risk Factors** |
| Does the student have a history of violence? Y/N |
| Does the student have a history of self harm? Y/N |
| Has the student been suspended for violence? Y/N |
| Are there any other known risks factors? Y/N |
| If yes, give details |
| Have the student’s parents or other people living with the student  Y/N  Y/N  Y/N  behaved aggressively towards the school? |
| Has an Enclosed Lands Act ban been issued to prevent the students  parents or other people living with the student from entering the school? |
| Has a risk assessment been completed?  (If yes, please fax with this form) |

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| **Please attach all relevant information (*if not already sent*)** |
| * Copy of RISC (or equivalent) Records  |
| * Copy of Notification of Suspension (*Appendix 5*) & Long Suspension Letter(*Appendix 7*) |
| * School Counsellor Suspension Report |
| * Existing risk assessments and records from previous interventions |
| * Any supporting information to assist the program (HSLO, ISTB, Student Welfare Consultant) |

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| Supporting comments: |

Principal’s Signature ………………………………… Date: ……………………………

Name ………………………………………………… Direct Phone ………………………..