**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**



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| **Student Details** |
| Surname | Given namesStudent Email:  |
| D.O.B | Gender: | Support Unit: Yes / NoHead 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
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| * Interview with parent/carer
 | * Referral to outside agencies-

(please detail) | * USSF
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| * Counsellor support
 | * Other support-

(please detail) |
| * Referral to LST
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| * Referral to APLaS
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| * 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/NY/NY/Nbehaved 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 
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| * Copy of Notification of Suspension (*Appendix 5*) & Long Suspension Letter(*Appendix 7*)
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| * School Counsellor Suspension Report
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| * Existing risk assessments and records from previous interventions
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| * 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 ………………………..