## **Supported Return to School Program Green Square**

## **High School Referral Form 2025**

**Student Details**

|  |  |  |
| --- | --- | --- |
| **Family name:** | **Given Name/s:** | |
| **Date of Birth:** | **Gender:** | |
| **NESB:** Yes No | | |
| **Aboriginality:** No Aboriginal Torres Strait Islander Both | | |
| **School:** | | **Year:** Click or tap here to enter text. |
| **Home Address:** Click or tap here to enter text. | | |
| **Name of Parent/Carer:** Click or tap here to enter text. | | |
| **Parent/Carer Contact Number:** Click or tap here to enter text. | | |
| **Allergies:** Yes No  **If yes, please provide details:** Click or tap here to enter text. | | |
| **Formal diagnosis requiring additional learning support:** Yes No  **If yes, please provide details:** Click or tap here to enter text. | | |

**Suspension Details**

|  |  |  |
| --- | --- | --- |
| **Date of suspension:** Click or tap here to enter text. | **Proposed no. of school days:** Click or tap here to enter text. | **Return to school date:** Click or tap here to enter text. |
| **Reason for suspension:** Click or tap here to enter text. | | |
| **Outline details related to the suspension:** Click or tap here to enter text. | | |

**School Interventions**

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| **Current interventions (eg. Counsellor support, referral to outside agency):** Click or tap here to enter text. |
| **Previous interventions:** Click or tap here to enter text. |

**Mentor Teacher Details**

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Position:** Click or tap here to enter text. |

**School Counsellor Details**

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Days at referring school:** Click or tap here to enter text. |

**Known Risk Factors**

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| --- |
| **1. Has the student a history of violence?**  Yes No |
| **2. Has the student a history of self-harm?**  Yes No |
| **3. Has violence been involved leading to the suspension?**  Yes No |
| **4. Are there any known risk factors?** Yes No  **If yes please give details:** Click or tap here to enter text. |
| **5. Have the student’s parents/carers or other people living with the student behaved aggressively towards school staff?**  Yes No |
| **6. Has an Enclosed Lands Act been issued to prevent the student’s parent/s or other people living with the student from entering the school?**  Yes No |
| **7. Has a risk assessment been completed?**  Yes No |

**Relevant Attachments**

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| --- |
| **Suspension Letter:** Yes No |
| **Risk Assessment:** Yes No |
| **Other eg. Relevant Support Plans:** Yes No |

**Form Completed By:**

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Position:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |

*Completed referral forms to be emailed to both:*

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