

Balgowlah North Public School

10 Manning Street, North Balgowlah, 2093 T: 9949 4499

E: balgowlahn-p.school@det.nsw.edu.au W: www.balgowlahn-p.schools.nsw.edu.au

Parent Referral Process

At times, some students may benefit from regular appointments with speech therapists, psychologists and occupational therapists. These appointments should be made out of school hours. In the rare occurrence that this is unable to happen, parents are to apply for leave from school to the principal.

Please note, leave for private tutoring will not be approved. It will be marked as 'unjustified' on the roll and our attendance procedures to follow up on all unjustified leave will be followed.

If parents wish to apply to the principal to remove their child from school for regular appointments, such as psychology, speech therapy and occupational therapy, they are to provide the following:

1. A completed form for school counsellor assistance (Part A) and a Diverse Learners Team parent referral form (Part B). Both of these forms must be completed in full. (Appendix A)
2. Any reports from allied health professionals that have been completed that support the need for withdrawal from class.
3. A letter to the principal from the parents outlining the reasons for why their child is to be considered for approved leave.

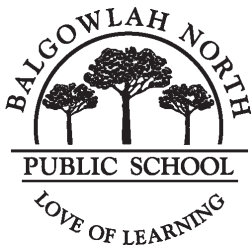
The information provided will be considered and discussed at an upcoming Diverse Learners Team meeting. The Diverse Learners Team consists of the School Counsellor/Psychologist, Deputy Principal, Principal and Learning and Support Teachers.

The Deputy Principal will then advise the outcome of the meeting. Leave is not guaranteed.

If leave is approved, then students are to be signed out at the office by the parent or guardian as close to the appointment as reasonably possible. Students are expected to return to school after the appointment as soon as possible. Parents should continue to speak with the specialist to organise these appointments to be out of school hours as soon as an availability arises.

If leave is not approved and the student continues to be removed from school regularly, they will be marked as 'unjustified' on the roll and our attendance procedures to follow up on all unjustified leave will be followed.

Please see Appendix A for forms.



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Appendix A

Diverse Learning Team Referral – Parent Referral

The role of the school’s Diverse Learning Team is to provide assistance to students to enhance their ability to achieve educational outcomes.

To ensure we are doing the best we can for our students, assistance from our school counsellor and other support teachers is available for the guidance and assessment of individual pupils. As well as general discussions, visits to the counsellor may involve the administration of tests to determine the child’s potential. Information gained from tests and interviews enables the counsellor and teacher to devise appropriate programs, which might be helpful both at school and at home. This information may, as appropriate, be provided to other members of staff involved in supporting your child. Provision of information is voluntary. It will be stored securely. You may correct any personal information at any time by contacting the school counsellor.

Please sign the permission slip below, the details over the page and return it to the school.

Yours faithfully,

Brooke Keevers

Principal

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Part A - PERMISSION FOR SCHOOL COUNSELLOR SUPPORT

Student’s Name: _____

Class: _____

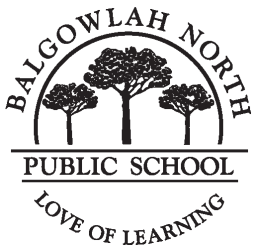
Date of Birth: _____

Privacy Notice: The information obtained is to assist the school counsellor in providing support for your child and will be stored securely. It may, as appropriate, be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. You may also contact the school counsellor at any time to correct or update any personal information.

I have read the Privacy Notice and give permission to the school counsellor to:

1. Carry out assessment and counselling as required. YES / NO
2. Contact the authors of any agency reports that I have been provided with. YES / NO
3. Exchange information with external agencies. YES / NO

Parent’s/Guardian Signature: _____ Date: _____



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Part B - Diverse Learning Team Referral

(For completion by parent or carer)

Child's Name: _____

Parent's Name Completing Referral: _____

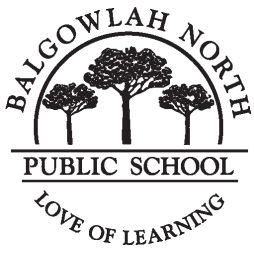
Date: _____

Reason for Referral: What concerns do you have?

Developmental History: Has the child ever been sick or had an accident?

Does the child display age appropriate behaviours?

Previous Assessments: eg. By a doctor, psychologist, speech therapist, occupational therapist



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Further Information: Is there anything else you would like the counsellor and DLT to know?

Outcome: What do you hope will happen as a result of the counsellor seeing your child?