



ACACIA RIDGE INTERVENTION CENTRE

Ph.: 3717 4116

Fax: 3717 4140



Referral Form 2007

LAST NAME: _____ FIRST NAME: _____

D.O.B.: _____ AGE: _____ GRADE: _____ GENDER: Male Female

ETHNICITY: Indigenous: Other: _____

SCHOOL: _____ PHONE: _____ FAX: _____

THIS STUDENT IS SUSPENDED IS AT RISK OF SUSPENSION

Number of days suspended: _____ From _____ To _____

Days requested at ARIC: _____ From _____ To _____

Has the student worked with the BEHAVIOUR SUPPORT TEACHER? Yes No

Does this student have a Guidance Officer File? Yes No

Guidance Officer Name: _____ Email _____

CONTACT DETAILS

PRINCIPAL _____ Email _____

CASE MANAGER: _____ Email _____

CLASS TEACHER:(primary) _____ Email _____

PARENTS/CAREGIVERS: (Please provide full names and relationship to child if caregiver)

PHONE: (H) _____ (W) _____ (Mob) _____

REASON FOR REFERRAL:

GOALS FOR PLACEMENT:

REINTEGRATION AGREEMENT

The school agrees to work with ARIC to develop, implement and monitor recommendations for student re-entry.

Signature of Administrator: _____ Date: _____

PLACEMENT SUMMARY

Behaviours of concern

Does the student have any learning difficulties? If yes, how are they being catered for?

INTERVENTION TO DATE

Describe any previous intervention given e.g. previous management plans, support staff utilised (AVT/Behaviour, Guidance Officer) and any inter-agency involvement.

History of suspensions / exclusions

Year	School
2006	
2005	