

ALTA-1 COLLEGE (QLD) - REFERRAL FORM



This form is to be completed by a suitable referee (i.e. Guidance Officer, Principal, Deputy Principal, Youth Worker, Specialists etc.), who has an understanding of the student's educational background and sees the need for alternative education for the young person.

Special Assistance Schools (SAS) in Queensland assist students who are educationally disengaged or are at significant risk of disengagement from mainstream schooling.

STUDENT DETAILS		
First Name:	Last Name:	
Parent/Guardian:	Student Current Year Level:	D.O.B:
Address:		
Email Address:		
Does the person identify as being of Aboriginal or Torres Strait Islander or any other cultural origin?		
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other: _____		
Does the young person have ASD or any other verified disability? Does the young person have an Education Adjustment Program (EAP)? (Please attach documentation).		
Are there other diagnosed disorders Alta-1 College needs to know about? (E.g. Anxiety, Depression, ADHD)		
Does the young person have any history in the Criminal Justice System?		

REFERRING SCHOOL/ AGENCY DETAILS	
School/Agency:	Contact Number:
Name of Referee:	Position of Referee:
Referee Email:	
Guidance Officer Name:	G.O. Contact Number:
Guidance Officer Email:	
Referee Signature: _____	Date: _____

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REASON FOR REFERRING			
<input type="checkbox"/>	Behavioural Issues	<input type="checkbox"/>	Excluded
<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Parent Request
<input type="checkbox"/>	Depression/Anxiety	<input type="checkbox"/>	School Refusal
<input type="checkbox"/>	Mental Health	Other:	
<input type="checkbox"/>	Extra Support		
<input type="checkbox"/>	Suspended		

BEHAVIOURAL, SOCIAL AND EMOTIONAL CONCERNS			
<input type="checkbox"/>	Poor self-regulation	<input type="checkbox"/>	Personal safety
<input type="checkbox"/>	Difficulties interacting with peers	<input type="checkbox"/>	Conflict management skills
<input type="checkbox"/>	Difficulties interacting with adults	<input type="checkbox"/>	Difficulties forming and maintaining friendships
<input type="checkbox"/>	Anger management	<input type="checkbox"/>	Challenges authority
<input type="checkbox"/>	At-risk behaviours	<input type="checkbox"/>	Poor understanding of social norms

DETAILS REGARDING HISTORY ABOVE/ RELEVANT INFORMATION

Do you believe the young person is currently capable of attending school full-time?
YES / NO Reasons:

If it is deemed that the young person is unable to (or unlikely to) attend school full-time they may be eligible for the Alta-1 ConnectEd Program.

What is the student hoping to achieve by attending Alta-1 College?

PARENT/ GUARDIAN DETAILS		
First Name:	Last Name:	Relationship to student:
Email Address:		Contact Number:

Address:

IMPORTANT - PARENT/GUARDIAN AUTHORISATION

I (parent/guardian) _____, authorise (referee) _____ of _____ to disclose/transfer information and any supporting documents of (young person) _____, to Alta-1 College.

Parent/Guardian Signature: _____ **Date:** _____