# student Support Services

Student Information Form

CONFIDENTIAL

| Student Name: |  | | |
| --- | --- | --- | --- |
| Date of Birth: |  | | |
| School: |  | | |
| SSS Key Contact: |  | | |
| Case discussed with Key Contact? | | YES / NO | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ |

This form is optional and is designed to support the pre-referral and SSS referral process by providing information about the student and their needs.

The pre-referral process provides an opportunity for schools to conduct an informal assessment of identified students who require additional assistance, are at risk of disengagement, or experiencing difficulties with learning or wellbeing.

This pre-referral process may include consultation or referral to appropriate community agencies better placed to address the student or family concerns. Pre-referral phase activities for the school to undertake may include:

* identification of students or groups of students who require additional assistance and the type of support they require
* collection of information on student’s engagement and learning progress or difficulties
* review of relevant information available to the school which might help to clarify issues affecting student learning or wellbeing, such as specialist reports
* development of individual learning plans for students outlining a range of actions and classroom and school-based strategies to address concerns
* evaluation of the effectiveness of individual learning plan actions and strategies
* identification of broader advice, expertise or services that may be required, such as consultation, professional learning, early intervention programs or group work with students
* identification of appropriate whole school approaches, programs or interventions that provide universal service provision
* consultation or referral to appropriate or specialised community agencies and programs
* consultation with SSS key contact/team regarding potential referral
* referral to appropriate services such as SSS if required.

**Please scan and upload this form onto SOCS with your referral with any attachments.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT DETAILS | | | | | | | |
| Student Name: |  | | | | | | |
| Preferred Name: |  | | | | | | |
| Date of Birth: |  | | | | | Age | |
| Victorian Student Number |  | | | | | | |
| Gender | Male | Female | | | Other: | | |
| Year Level: |  | | | | | | |
| Class/Home Teacher: |  | | | | | | |
| Current School: |  | | | | | | |
| Previous School: |  | | | | | | |
| Country of Birth: |  | | | | | | |
| Is the student of Aboriginal or Torres Strait Islander origin? | No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes - both | | | | | | |
| Refugee Background: |  | | | | | | |
| Years in Australian Education: |  | | | | EAL: Yes  No | | |
| Language spoken at home: |  | | | | | | |
| Interpreter required: | Yes | | No | | Language: | | |
| Additional funding? e.g. PSD: |  | | | | | | |
| Significant medical illness? |  | | | | | | |
| FAMILY INFORMATION | | | | | | | |
| Parent/Carer 1 Name |  | | | | | | |
| Parent/Carer 1 Address |  | | | | | | |
| Parent/Carer 1 Phone |  | | | | | | |
| Parent/Carer 2 Name |  | | | | | | |
| Parent/Carer 2 Address |  | | | | | | |
| Parent/Carer 2 Phone |  | | | | | | |
| Separated/Divorced |  | | | | | | |
| Student Access restrictions |  | | | | | | |
| Living Arrangements |  | | | | | | |
| Is the student in OOHC? | Yes  No | | | | | | |
| AREA(S) OF CONCERN | | | | | | | |
| Primary Presenting Issue  (choose ONE only) | Attendance | | | Communication/Speech | | | Physical Disability |
| Behaviour | | | Hearing | | | Medical, Health, Physical |
| Curriculum/learning | | | Vision | | | Whole School Issues |
| Social/emotional | | | Mental Health | | | Longer term support following critical incident |
| Sub presenting issues:  Choose as many as needed from list on last page |  | | | | | | |

|  |
| --- |
| Describe the concern(s)/problem(s) as specifically as possible: |
|  |
| What have you tried? (see [standard assessment tools](http://www.education.vic.gov.au/school/teachers/teachingresources/practice/Pages/assessment.aspx) for further advice) |
|  |
| Please list any significant life events that may be impacting on the students wellbeing |
|  |
| OUTCOMES |
| What outcomes would you like to see? What questions would you like answered? |
|  |
| AREA(S) OF STRENGTH |
| Please list the student’s strengths. What does the student like doing? |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Language and Communication | | | | | | | | | | | | | | | |
| What pre-screening/testing/assessment has already occurred? *Please attach results.* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Any concerns with vision and/or hearing? | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |
| Receptive Language Skills | | | | | | | | | | | | | | | |
| *Receptive language refers to the understanding of language. It involves hearing, discriminating, assigning significance to and interpreting spoken words, sentences and conversations. Children can experience difficulty in processing the meaning of words, grammar, implied meanings or combinations of these* | | | | | | | | | | | | | | | |
| Are the student's Receptive Language Skills Age Appropriate?  Yes  No | | | | | | | | | | | | | | | |
| If not, please identify the language characteristics the student has difficulty with from the list below | | | | | | | | | | | | | | | |
| Understanding concepts | | | | | | Understanding double meaning words | | | | | | | | | |
| Remembering sequences of information | | | | | | Understanding more abstract language e.g. sarcasm, similes, metaphors (Interprets language literally) | | | | | | | | | |
| Understanding questions | | | | | | Understanding stories or longer text e.g. making predictions, drawing conclusions | | | | | | | | | |
| Understanding word meanings and relationships | | | | | | Uses augmentative communication aids e.g. PECS, Boardmaker, Compic, visual aids to ensure understanding of instructions | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |
| Expressive Language Skills | | | | | | | | | | | | | | | |
| *Expressive language refers to a person’s ability to use language to express thoughts, ideas and feelings. Assessment of expressive language takes into account vocabulary, grammar, word order in sentences and the ability to use language appropriately in different situations* | | | | | | | | | | | | | | | |
| Are the student’s Expressive Language Skills Age Appropriate?  Yes  No | | | | | | | | | | | | | | | |
| If not, please identify language characteristics the student has difficulty with from the list below | | | | | | | | | | | | | | | |
| using appropriate grammar | | | | | | | | getting to the point | | | | | | | |
| providing sufficient information | | | | | | | | using a range of vocabulary | | | | | | | |
| describing objects, events | | | | | | | | finding the right words | | | | | | | |
| providing clear explanations | | | | | | | | proof reading written work | | | | | | | |
| sequencing ideas to tell a story or recount an event | | | | | | | | participating in class discussions without support | | | | | | | |
| giving instructions or directions | | | | | | | | uses augmentative communication aids e.g. PECS, Boardmaker, Compic, visual aids to ensure | | | | | | | |
| understanding of instructions | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |
| Speech/Articulation | | | | | | | | | | | | | | | |
| Are the student’s Speech/Articulation Skills Age Appropriate?  Yes  No | | | | | | | | | | | | | | | |
| If not, please identify language characteristics the student has difficulty with from the list below | | | | | | | | | | | | | | | |
| Difficulty producing some speech sounds e.g. "tat" for "cat | | | | | | | | | | | | | | | |
| *Please list examples:* | |  | | | | | | | | | | | | | |
| Fluency e.g. word repetitions, stuttering | | | | | | | | | | | | | | | |
| Voice concerns e.g. husky, croaky, whispering, breathy, voice loss | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |
| Any other Speech Pathology concerns: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
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|
| Curriculum/Learning | | | | | | | | | | | | | | | |
| Academic Skills | | | | | | | | | | | | | | | |
| What pre-screening/testing /assessment has already occurred? *Please attach results.* | | | | | | | | | | | | | | | |
| Student Learning Progress: Please mark appropriate box | | | **A** | | **B** | | | | **C** | | **D** | | | **E** | |
| Well above the standard expected | | Above the standard expected | | | | At the standard expected | | Below the standard expected | | | Well below the standard expected | |
| Reading | | |  | |  | | | |  | |  | | |  | |
| Spelling | | |  | |  | | | |  | |  | | |  | |
| Writing | | |  | |  | | | |  | |  | | |  | |
| Mathematics | | |  | |  | | | |  | |  | | |  | |
| Completing Classwork | | |  | |  | | | |  | |  | | |  | |
| Completing Homework | | |  | |  | | | |  | |  | | |  | |
| Copying from board | | |  | |  | | | |  | |  | | |  | |
| Gross Motor skills | | |  | |  | | | |  | |  | | |  | |
| Fine Motor skills | | |  | |  | | | |  | |  | | |  | |
| Please comment on the student's strengths and weaknesses as well as the prominent concern in Mathematics, Reading, Spelling, Writing and any areas identified as very low.  *Please attach copies of current Naplan, Individual Learning Plan (ILP), Individual Education Plan (IEP), Victorian Curriculum Report, AusVELS progression points and any other relevant reports.* | | | | | | | | | | | | | | | |
| Mathematics: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Reading: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Writing/Spelling: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Does the student require assistance with organisation of books and materials? | | | | | | | | | | | | | Yes  No | | |
| Does the student have difficulties using a timetable? | | | | | | | | | | | | | Yes  No | | |
| Behaviour/Social Emotional | | | | | | | | | | | | | | | |
|  | | | | very low | | | low | | | average | | high | | | very high |
| Concentration/attention | | | |  | | |  | | |  | |  | | |  |
| Memory | | | |  | | |  | | |  | |  | | |  |
| Organisation | | | |  | | |  | | |  | |  | | |  |
| Please comment on the student's behaviour both inside and outside the classroom. Please also indicate any identified trigger(s) as well as frequency of the behaviour(s).If a Functional Behaviour Analysis (FBA), ABLES and/or Behaviour Support Plan have been completed, please attach. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
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|
| Social Skills | | | | | | | | | | | | | | | |
|  | | | | very low | | | low | | | average | | high | | | very high |
| Ability to establish friendships | | | |  | | |  | | |  | |  | | |  |
| Ability to maintain friendships | | | |  | | |  | | |  | |  | | |  |
| Conflict resolution skills | | | |  | | |  | | |  | |  | | |  |
| Emotional regulation skills | | | |  | | |  | | |  | |  | | |  |
| Please describe the student's social skills compared with same aged peers (how do they relate to peers, other students, teachers and adults). | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
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| Emotional Presentation | | | | | | | | | | | | | | | |
|  | | | | very low | | | low | | | average | | high | | | very high |
| Self-worth/confidence | | | |  | | |  | | |  | |  | | |  |
| Ability to cope with worries | | | |  | | |  | | |  | |  | | |  |
| Level of happiness | | | |  | | |  | | |  | |  | | |  |
| Please comment on the student's emotional presentation in areas rated as low/very low. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
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| External Agencies | | | | | | | | | | | | | | | |
| Please tick or list any agencies that are either currently involved or have had previous involvement with the student or their family. | | | | | | | | | | | | | | | |
| DHHS | | | | | | | | Occupational Therapy | | | | | | | |
| Hospital | | | | | | | | Speech Pathology | | | | | | | |
| CAMHS | | | | | | | | Audiology Services | | | | | | | |
| Paediatrician | | | | | | | | Other (Please list) | | | | | | | |
| Attendance | | | | | | | | | | | | | | | |
| Please attach CASES attendance print out | | | | | | | | | | | | | | | |
| Is Senior Health and Wellbeing Officer/Attendance Officer involved?  Yes  No | | | | | | | | | | | | | | | |
| Person Completing Form | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | |
| Role: |  | | | | | | | | | | | | | | |
| Contact Number: |  | | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | | | | | | | |

*Please note: This is a confidential document and subject to all the provisions of the DET Privacy Policy*

### Primary- and Sub-presenting Issues

| Primary Presenting Issue | Sub Presenting Issue |
| --- | --- |
| Attendance | Chronic illness |
| Disengagement |
| Has been suspended/expelled |
| Out of home care |
| School Refusal |
| Truancy / chronic absenteeism |
| Behaviour | Aggression/anger [fights with others, swears] |
| Cries a lot |
| Fights with others, swears |
| Hyperactivity /impulsivity |
| Inappropriate social behaviour |
| Inattention |
| Noncompliance |
| Peer connectedness |
| Violence |
| Communication or Speech | Articulation (Production of speech sounds) |
| Expressive language (Spoken language) |
| Feeding/swallowing |
| Pragmatic language |
| Receptive language (Understanding spoken language e.g. instructions) |
| Social language skills |
| Stuttering |
| Voice |
| Social / Emotional | Adjustment or transition |
| Anger; Frustration |
| Being bullied |
| Bullying others |
| Complaint investigation e.g. from Region |
| Death of significant person/pet |
| Developmental delay |
| Disadvantage |
| Family concerns/parenting |
| Family conflict/violence |
| Homelessness |
| Illness or disability |
| Issues related to gender |
| Issues related to sexuality |
| Obsessive/compulsive behaviours |
| Parent separation or divorce |
| Parenting strategies |
| Peer relationships |
| Protective concerns |
| Sadness |
| Self-esteem |
| Social skills |
| Withdrawal |
| Curriculum / Learning | Difficulty staying on task |
| Does not complete classwork / homework |
| Giftedness |
| Hand Writing |
| Learning difficulties |
| Literacy |
| Numeracy |
| Oral language skills |
| Planning and organising |
| Short-term memory |
| Well Below expected level of achievement |
| Medical, Health, Physical | Alcohol or other drug concerns |
| Chronic illness |
| Family member with mental illness |
| Gross or fine motor skills |
| Identified hearing impairment |
| Legally blind |
| Low vision/partially sighted |
| Medical condition |
| Mobility difficulties |
| Sexual health |
| Terminal illness |
| Mental Health | Body image or eating disorders |
| Confused thinking or behaviour |
| Excessive worry/anxiety |
| Exposure to violence/abuse |
| Sadness/depression |
| Self-harm |
| Stress |
| Suicidal ideation |
| Trauma |
| Support following critical incident | Fire |
| Flood |
| Road Trauma |
| Other please specify |
| Any | Whole school issues |