

# STUDENT ACADEMIC SERVICES

## PARENT REFERRAL FORM



**Note: Please fill out this form in full. Without the relevant information, student follow up may be incomplete.**

Name of student: \_\_\_\_\_

Current academic year: \_\_\_\_\_

Referring parent/guardian: \_\_\_\_\_

Referral date: \_\_\_\_\_

### What are your main concerns?

Academic/cognitive

Socio-emotional

Medical

Sensory

Physical

Behavioural

### Background information / reason for referral (please provide as much detail as possible):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### What are some strategies that yo have used to address your concerns?

Strategies	Explanation / Effectiveness
Home strategies	
Current school support (eg. Teacher's Aide Support withdrawal)	
Specialists or Allied Health Professional Reports or attendance	
Other	

**Observation Survey**

Please indicate by ticking where relevant.

**The student currently:**

- has difficulty keeping up with classwork and homework
- is stressed or anxious about assessments and examinations
- has difficulty with organisation and staying up-to-date
- finds it hard to understand or to follow verbal information
- has difficulties comprehending class texts
- struggles or is unwilling to read for leisure
- has difficulties producing written responses that are stage appropriate
- has difficulties producing written responses that are legible
- struggles to focus and sustain effort for sufficient periods of time
- is easily distracted
- has difficulties interacting with peers
- has difficulties sleeping and relaxing
- other:

**Additional:**

Please record any further observations you feel are relevant to the student's development.

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**Thank you for your time and consideration. Once this is completed, please retain a copy and forward this original to the SAS Department. For more information, please see the SAS Department.**

**SAS Department Only**

Date referral received: \_\_\_\_\_

Assessed by: \_\_\_\_\_

- Follow up with relevant staff required
- Follow up with student required
- Follow up with parents required

Course of action:

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Additional information:

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