



Learning and Support Team Parent Referral Form

Please use this form if you have concerns about your child's learning and feel they would benefit from extra instruction from the learning support team. Before submitting the form please ensure that you have raised your concerns with their classroom teacher. All forms are to be sent to the school Deputy Principal or in person via the office.

Background information	
Child's name:	Date of Birth:
Grade:	Class:
Language Background:	Teacher's name:
Parent/s name:	Form submitted date:
Contact phone number:	Contact email:

Child's Strengths and interests – please indicate your child's strengths and interests

Areas of concern – Please tick the boxes for the areas you have concerns in
Area of concern/s: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Numeracy <input type="checkbox"/> Behavioural <input type="checkbox"/> Social <input type="checkbox"/> Communication <input type="checkbox"/> Emotional <input type="checkbox"/> Receptive language <input type="checkbox"/> Expressive language <input type="checkbox"/> Cognitive Processing <input type="checkbox"/> Other (please specify):
Please briefly describe your concern:
Signed: _____ Date: _____

External services and professionals accessed	
Please provide dates that you have accessed services.	
Could you please provide copies of any reports or documents to support your application	
Eye Test:	Hearing Test:
Speech Pathologist:	Occupational Therapy:
Paediatrician assessment:	Other (please specify):

SCHOOL USE

Date received:	Follow up:
Received by:	