## WENTWORTHVILLE PUBLIC SCHOOL



70 – 100 Fullagar Road Wentworthville 2145

Telephone: 9631 8529 Fax: 9896 3079

9631 8492

Form F

<u>Learning and Support Team Parent Referral Form – High Potential and Gifted</u>

Before submitting the form please ensure that you have raised your child's strengths 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:          |
| Contact phone number.   | Contact cinair.         |
|   |                         |
| Area of strength/s:   |                         |
| ☐ Intellectual ☐ Creative ☐ Social-emotional ☐ Physical                                 |                         |
| Child's strengths and interests – Please indicate your child's strengths and interests  |                         |
| Child's strengths and interests – Please indicate your child's strengths and interests  |                         |
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| Signed: Dat   | re:                     |
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| 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:   |
| Special rumorogist.   | occupational incrupy.   |
| Paediatrician assessment:   | Other (please specify): |
| 1 decidericium assessiment.   | other (pieuse speerry). |
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| SCHOOL LISE   |                         |
| SCHOOL USE  Date received:  | Follow up:              |
| Date received:  | I FOHOW UD:             |