CASE MANAGEMENT

 REFERRAL PROCESS











Insert School Letterhead.

Email: information.referral@facs.nsw.gov.au

Date:

This is a referral for:

D.O.B: YEAR:

At: …................................................................School

Parent Names:

Address:

Phone Numbers:

The **reques**t is for:

**Reason for Referral:**

**Interpreter / language needed?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental consent has been obtained for this referral and the parents are expecting a phone contact.

Parents have indicated they would be prepared to have a Non – Government agency delivering this service.

Please acknowledge receipt of this referral to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert School Letterhead.

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of the normal Department of Education and Communities school routines, students who participate in Special Education programs undergo a cognitive and/or adaptive behaviour assessment during their primary and secondary school years.

This assessment is conducted by our school counsellor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It has been noted that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is due for this routine assessment. Could you please sign the permission slip below and return it to the class teacher as soon as possible.

Thank You

Yours Sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal

I give permission for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be assessed by the School Counsellor.

Signature of parent/carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_