

VIEWING AND USING FILLABLE PDF**Save the form before completing it—do not complete it while in a browser**

First, download the PDF form to your computer or network drive. Then open it with Adobe Reader and fill it. Type information directly into each field or copy and paste the text. You can save your data and re-open the file later to modify or enter additional information.

Use the latest version of Adobe Reader

To open and complete fillable PDF forms, you will need Adobe Reader (latest version recommended). If you do not have it installed on your computer, you may download and install the latest version free of charge from <http://get.adobe.com/reader/otherversions>.

Downloading and Saving the Form - Save the form to your computer before attempting to complete it

Fillable PDF forms may be completed and saved using Adobe Acrobat Reader. To accomplish this, you must first save the empty form on your computer:

1. Hover over the form link and click your right mouse button (do not click/activate the link and open the form from your web browser)
2. Select the Save target as... option in Internet Explorer or the Save link as... (or similar option) in another browser
3. You will be prompted to choose a location to save the file
4. Select the location on your computer and click Save
5. Once saved, navigate to the file

Completing Fillable Forms - Fill out the form and save it using Adobe Acrobat Reader

1. Use Adobe Acrobat Reader to open the PDF form you saved on your computer or network drive
2. Complete the form
3. On the Reader menu, go to File > Save As
4. Choose PDF
5. You will be prompted to choose a location to save the file
6. Select the location on your computer or network and click Save

TROUBLESHOOTING**Mac users: don't use Preview**

For Macintosh system users: DO NOT use the Preview program to fill in the PDF form. Adobe Reader is the only program that will allow you to work with the form properly. If you do not already have Adobe Reader, you may download and install the latest version free of charge from <http://get.adobe.com/reader/otherversions>.

Chrome users: don't use Chrome PDF Viewer

For Chrome browser users: DO NOT use the Chrome PDF viewer program to fill in the PDF form. Adobe Reader is the only program that will allow you to work with the form properly. If you do not already have Adobe Reader, you may download and install the latest version free of charge from <http://get.adobe.com/reader/otherversions>. Then, use the instructions below to disable Chrome PDF viewer in your browser.

Turn off in-browser viewing

If the form still opens in your browser, use the instructions here to turn off in-browser PDF viewing: <http://helpx.adobe.com/acrobat/using/display-pdf-browser-acrobat-xi.html>

Print only when your cursor is not in a form field

Use your mouse to select an area of the form that is not inside a form field or use the TAB key after completing the entry of your last box before printing your form. If a form field is active (e.g. contains the blinking bar) the contents of that block will not print.

Save the file

If you experience problems printing PDF forms once you have filled them in, save the data file containing your information to your computer.

Form Exceeds Printed Page

Some printers may require the use of the "Shrink to Fit" printer dialog box to be checked in order to print the form on a single page.

PLEASE COMPLETE ALL STUDENT AND FAMILY INFORMATION YOU ARE AWARE OF

ABOUT THE STUDENT																				
FAMILY NAME																				
FIRST NAME																				
MIDDLE NAME																				
DATE OF BIRTH						AGE														
CURRENT YEAR AT SCHOOL	<input type="radio"/> YEAR 8 <input type="radio"/> YEAR 9 <input type="radio"/> YEAR 10 <input type="radio"/> OTHER _____																			
SCHOOL CURRENTLY ENROLLED AT																				

PERSON REFERRING

NAME																			
ROLE																			
ORGANISATION																			

CONTACT DETAILS OF PERSON REFERRING

PHONE																			
EMAIL																			

ALTERNATE CONTACT AT SCHOOL/AGENCY?

NAME																			
PHONE																			

REFERRAL DISCUSSED WITH KEY CONTACT	<input type="radio"/> NO	<input type="radio"/> YES
-------------------------------------	--------------------------	---------------------------

REFERRAL DISCUSSED WITH STUDENT	<input type="radio"/> NO	<input type="radio"/> YES
---------------------------------	--------------------------	---------------------------

REFERRAL DISCUSSED WITH PARENT/CARER	<input type="radio"/> NO	<input type="radio"/> YES
--------------------------------------	--------------------------	---------------------------

DATE FORM COMPLETED AND SENT TO GATEWAY COMMUNITY HIGH																
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please note: This is a confidential document and subject to all the provisions of the Privacy Policies of the referring organisation and of Gateway Community High.

ABOUT GATEWAY COMMUNITY HIGH
<p>Gateway Community High is an independent high school in Carlingford created to provide opportunities for young people to thrive in an educational setting tailored to support their learning and belonging. At Gateway Community High we are a community of learners where our goal is for all to Achieve, Belong and Grow. We are here to enable young people to reconnect with their education and set a new direction.</p> <p>Commencing operations in 2021 we will cater for up to 30 young people in Stage 5 (years 9/10) enabling them to complete their ROSA.</p> <p>As a small, independent Special Assistance School Gateway Community High is focussed on creating a flexible, engaging and practical learning environment for young people who might require additional assistance, are at risk of disengagement, or are experiencing difficulties with learning or wellbeing.</p> <p>Gateway Community High is an initiative of Macquarie Community College, a leading provider of adult community education for over 70 years.</p>

YOUR ROLE IN REFERRING A STUDENT TO GATEWAY COMMUNITY HIGH

We have limited places and will give priority to young people that we believe can benefit from this unique opportunity.

The pre-referral process provides an opportunity for referring schools and agencies to collaboratively work with us to conduct an informal assessment of identified students who might benefit from the opportunity to attend Gateway Community High.

Referring a student to Gateway Community High is not a guarantee of placement, but a great start in helping a young person commit to creating a better future for themselves.

This form is designed to support the referral process by providing some background information about the student and their potential support needs. We recognise that you may not have all the details in all of the fields of this referral form. We will follow up with you and collaboratively work out next steps with the young person and those that care for and about them.

All information provided will be handled in keeping with our commitment to confidentiality, privacy and respect.

Thank You.

Theresa Collignon

Group CEO Macquarie Community College

STUDENT DETAILS																														
FAMILY NAME																														
FIRST NAME																														
MIDDLE NAME																														
PREFERRED NAME																														
GENDER	<input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> OTHER _____ <input type="radio"/> PREFER NOT TO SAY																													
DATE OF BIRTH						AGE																								
YEAR LEVEL			NESA STUDENT NUMBER IF KNOWN																											
CLASS/HOME TEACHER																														
CURRENT SCHOOL																														
PREVIOUS SCHOOL																														
COUNTRY OF BIRTH																														
IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?	<input type="radio"/> NO <input type="radio"/> YES, ABORIGINAL <input type="radio"/> YES, TORRES STRAIT ISLANDER <input type="radio"/> YES - BOTH																													
IS THE STUDENT FROM A REFUGEE BACKGROUND?	<input type="radio"/> NO <input type="radio"/> YES																													
YEARS IN AUSTRALIAN EDUCATION						ENGLISH AS AN ADDITIONAL LANGUAGE	<input type="radio"/> NO <input type="radio"/> YES																							
INTERPRETER REQUIRED	<input type="radio"/> NO <input type="radio"/> YES					LANGUAGE																								
DISABILITY OR DIAGNOSIS THAT REQUIRES LEARNING SUPPORT NEEDS	<input type="radio"/> NO <input type="radio"/> YES																													
SUMMARY																														
SIGNIFICANT MEDICAL, PHYSICAL OR HEALTH ISSUE	<input type="radio"/> NO <input type="radio"/> YES																													
SUMMARY																														
OTHER SIGNIFICANT ISSUES THAT MIGHT IMPACT THEIR ABILITY TO ATTEND AND PROGRESS THEIR STAGE 5 STUDIES	<input type="radio"/> NO <input type="radio"/> YES																													
SUMMARY																														
FAMILY INFORMATION																														
PARENT/CARER/GUARDIAN 1 (WITH WHOM THE STUDENT NORMALLY LIVES)																														
NAME																														
ADDRESS																														
PHONE NUMBER																														
PARENT/CARER/GUARDIAN 2 (WITH WHOM THE STUDENT NORMALLY LIVES)																														
NAME																														
ADDRESS																														
PHONE NUMBER																														
PARENT/CARER/GUARDIAN (WITH WHOM THE STUDENT DOES NOT NORMALLY LIVE WITH)																														
NAME																														
ADDRESS																														
PHONE NUMBER																														
IS IT APPROPRIATE THAT THIS PERSON BE CONTACTED?	<input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW																													
OTHER DETAILS																														
PARENTS SEPARATED/DIVORCED?																														
ANY STUDENT ACCESS RESTRICTIONS?	<input type="radio"/> NO <input type="radio"/> YES, PLEASE PROVIDE DETAILS																													

OTHER LIVING ARRANGEMENTS

 LIVING ARRANGEMENTS OTHER THAN WITH PARENT/CARER/GUARDIAN ☐ NO ☐ YES

OUT OF HOME CARE OR LIVING INDEPENDENTLY?

NAME

ADDRESS

PHONE NUMBER

PLEASE PROVIDE ANY INSIGHTS YOU MAY HAVE IN THE FOLLOWING AREAS
AREA(S) OF STRENGTH

Please list the student's strengths. What does the student like doing?

What positives do you think the student will add to the community of learners at Gateway Community High?

WHY MIGHT THE STUDENT BENEFIT FROM ATTENDING GATEWAY COMMUNITY HIGH

What outcomes would you like to see for this student?

ATTENDANCE

Please rate the student's attendance

	Very low	Low	Average	High	Very high
Current School Year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous School Year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please attach attendance print out if available.

ISSUES THAT MAY BE NEGATIVELY IMPACTING THE STUDENT'S EDUCATIONAL ACHIEVEMENT, WELLBEING OR PERSONAL GROWTH

Primary Issues

- | | | |
|---|---|---|
| <input type="radio"/> Attendance | <input type="radio"/> Communication/Speech | <input type="radio"/> Hearing |
| <input type="radio"/> Behaviour | <input type="radio"/> Mental Health | <input type="radio"/> Vision |
| <input type="radio"/> Curriculum/learning | <input type="radio"/> Medical, Health, Physical | <input type="radio"/> Longer term support following critical incident |
| <input type="radio"/> Social/emotional | <input type="radio"/> Physical Disability | <input type="radio"/> Whole School Issues |

Please indicate any relevant details pertinent to the above on the next page of this document if you are able to provide more detail.

Describe the concern(s)/problem(s) as specifically as possible

What have you or others tried so far to support this student to remain engaged in their education?


Are you aware of any significant life events that may be impacting on the student's engagement, school attendance, educational attainment or wellbeing?

PRIMARY AND SUB ISSUES

PRIMARY ISSUE	SUB ISSUE
Attendance	<input type="radio"/> Chronic illness
	<input type="radio"/> Disengagement
	<input type="radio"/> Has been suspended/expelled
	<input type="radio"/> Out of home care
	<input type="radio"/> School Refusal
	<input type="radio"/> Truancy / chronic absenteeism
Behaviour	<input type="radio"/> Aggression/anger [fights with others, swears]
	<input type="radio"/> Cries a lot
	<input type="radio"/> Fights with others, swears
	<input type="radio"/> Hyperactivity/impulsivity
	<input type="radio"/> Inappropriate social behaviour
	<input type="radio"/> Inattention
	<input type="radio"/> Noncompliance
	<input type="radio"/> Peer connectedness
	<input type="radio"/> Violence
Curriculum / Learning	<input type="radio"/> Difficulty staying on task
	<input type="radio"/> Does not complete classwork / homework
	<input type="radio"/> Giftedness
	<input type="radio"/> Hand Writing
	<input type="radio"/> Learning difficulties
	<input type="radio"/> Literacy
	<input type="radio"/> Numeracy
	<input type="radio"/> Oral language skills
	<input type="radio"/> Planning and organising
	<input type="radio"/> Short-term memory
	<input type="radio"/> Well Below expected level of achievement
	Social / Emotional
<input type="radio"/> Anger; Frustration	
<input type="radio"/> Being bullied	
<input type="radio"/> Bullying others	
<input type="radio"/> Complaint investigation e.g. from Region	
<input type="radio"/> Death of significant person/pet	
<input type="radio"/> Developmental delay	
<input type="radio"/> Disadvantage	
<input type="radio"/> Family concerns/parenting	
<input type="radio"/> Family conflict/violence	
<input type="radio"/> Homelessness	
<input type="radio"/> Illness or disability	
<input type="radio"/> Issues related to gender	
<input type="radio"/> Issues related to sexuality	
<input type="radio"/> Obsessive/compulsive behaviours	
<input type="radio"/> Parent separation or divorce	
<input type="radio"/> Parenting strategies	

PRIMARY ISSUE	SUB ISSUE
Social / Emotional	<input type="radio"/> Peer relationships
	<input type="radio"/> Protective concerns
	<input type="radio"/> Sadness
	<input type="radio"/> Self-esteem
	<input type="radio"/> Social skills
	<input type="radio"/> Withdrawal
	Communication or Speech
<input type="radio"/> Expressive language (Spoken language)	
<input type="radio"/> Feeding/swallowing	
<input type="radio"/> Pragmatic language	
<input type="radio"/> Receptive language (Understanding spoken language e.g. instructions)	
<input type="radio"/> Social language skills	
<input type="radio"/> Stuttering	
<input type="radio"/> Voice	
Mental Health	<input type="radio"/> Body image or eating disorders
	<input type="radio"/> Confused thinking or behaviour
	<input type="radio"/> Excessive worry/anxiety
	<input type="radio"/> Exposure to violence/abuse
	<input type="radio"/> Sadness/depression
	<input type="radio"/> Self-harm
	<input type="radio"/> Stress
	<input type="radio"/> Suicidal ideation
	<input type="radio"/> Trauma
	Medical, Health, Physical
<input type="radio"/> Chronic illness	
<input type="radio"/> Family member with mental illness	
<input type="radio"/> Gross or fine motor skills	
<input type="radio"/> Identified hearing impairment	
<input type="radio"/> Legally blind	
<input type="radio"/> Low vision/partially sighted	
<input type="radio"/> Medical condition	
<input type="radio"/> Mobility difficulties	
<input type="radio"/> Sexual health	
<input type="radio"/> Terminal illness	
Support following critical incident	<input type="radio"/> Fire
	<input type="radio"/> Flood
	<input type="radio"/> Road Trauma
	<input type="radio"/> Other please specify
Any	<input type="radio"/> Whole school issues

CURRICULUM/LEARNING
ACADEMIC SKILLS

 Are you aware of any pre-screening/testing /assessment that has already occurred? If applicable/available please attach most recent 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
Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing Classwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copying from board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross Motor skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Motor skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on the student's strengths and weaknesses as well as the prominent concern in any areas identified as very low.

Mathematics

Reading

Writing

Spelling

Other


	Very low	Low	Average	High	Very high
Concentration/attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Does the student require assistance with organisation of books and materials? ☐ NO ☐ YES

 Does the student have difficulties using a timetable? ☐ NO ☐ YES

BEHAVIOUR/SOCIAL EMOTIONAL

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 summarise or attach if applicable/available. 

SOCIAL SKILLS

	Very low	Low	Average	High	Very high
Ability to establish friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to maintain friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional regulation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the student's social skills compared with same aged peers (how do they relate to peers, other students, teachers and adults).

EMOTIONAL PRESENTATION

	Very low	Low	Average	High	Very high
Self-worth/confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to cope with worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of happiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on the student's emotional presentation in areas rated as low/very low.

EXTERNAL AGENCIES

Please tick or list any agencies that are either currently involved or have had previous involvement with the student or their family.

- | | |
|--|--|
| <input type="radio"/> Communities and Justice/FACs | <input type="radio"/> Out of Home Care/ Housing agencies |
| <input type="radio"/> Hospital | <input type="radio"/> Youth Services |
| <input type="radio"/> Medical Practitioners (inc psychiatrists) | <input type="radio"/> Migrant/Refugee/ services |
| <input type="radio"/> Allied Health Practitioners and Therapists | <input type="radio"/> Other (Please list) |