

# Form 2: Practitioner Form



## Section A: Information to support a student's approval and enrolment at DOTS

### Your Details:

Name:		Address:
Discipline:		
Provider Number:		
Phone:	Fax:	

### Patient/Client Details:

Name:		Address:
Gender:	Phone:	
DOB:	Age:	
<input type="checkbox"/> Parent/ <input type="checkbox"/> Guardian Names:		

How long has your patient/client been under your care?	
How much contact have you had in this time?	
Which diagnoses are relevant to your patient's/client's attendance at DOTS?	
How does this influence your patient's/client's ability to attend mainstream school?	
How will your patient/client more effectively access education by attending DOTS?	
What treatments/interventions have you put in place to enable your patient/client to remain at mainstream school?	
What interventions do you believe are necessary to assist your patient/client to return to mainstream school?	

### Please list other professionals/agencies assisting your patient/client at the moment?

Name	Role	Contact Number

All information obtained by DOTS are dealt with in accordance with the DEECD policies & procedures regarding privacy and record keeping.

<p><b>Please return form to:</b>                  Phoenix P-12 Community College                  Hertford Street, Sebastopol, 3356</p>	<p>Email to: <a href="mailto:Deanne.Joosten@education.vic.gov.au">Deanne.Joosten@education.vic.gov.au</a>                  Fax: Attention: DOTS Coordinator                  Fax: 5335 7582</p>
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## Section B: Information about DOTS

The DOTS (Developing Other Talents and Skills) educational program offers students a DEECD enrolment and access to a DOTS Outreach Teacher / DOTS Connector. It is anticipated that a DOTS enrolment will offer a range of strategies and opportunities to support a student's learning program by:

- Facilitating communication between the DOTS and members of the MAST (Multi Agency Support Team) and the student.
- Supporting students to comprehend and engage in material provided by DOTS both in a written and verbal format.
- Ensuring that the student has access to a telephone, computer and suitable work area.
- Making sure all DOTS information is received by the student.
- Ensuring student work is sent to DOTS for correction as per the submission schedule.
- To offer support or referral options to the student if they are experiencing difficulties or if there are other issues of concern.

What support systems do you believe will be useful for the DOTS Outreach Teacher/Connector?	
What could DOTS provide to assist the parent/guardian in their role as DOTS Outreach Teacher/Connector?	

I am prepared to be contacted to provide further information.

Yes Or No

## Section C: Endorse the enrolment

I endorse a **full enrolment** with DOTS.

Yes Or No

I will provide ongoing treatment and monitoring for the remainder of this year.

Yes Or No

I can be contacted by DOTS for the purpose of supporting my patient/client's progress.

Yes Or No

I have obtained the consent of the parent/ guardian or independent student, to seek approval and provide this information to DEECD and DOTS.

Yes Or No

**Signed:**

**Practitioner Stamp:**

**Dated:**

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