



## SCHOOL REFERRAL

Information to support a student's approval and enrolment at DOTS.

Person making the referral:		
Contact number:		Date:

### Student Details:

Name:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
Gender:	Name:	
DOB:	Age:	Address:
Year level:	Class:	
Student mobile:		
Village:	Phone/Mob:	
House Manager:	Email:	
PSD funded? <input type="checkbox"/> NO <input type="checkbox"/> YES	Student PSD number:	

How long has the student been enrolled at Phoenix P12CC?	
Please indicate the students previous school/s if less than one year.	
Understanding established of the student's life circumstances? <input type="checkbox"/> No <input type="checkbox"/> YES	
If YES – brief background:	

**Please detail what has occurred at Phoenix that has led to a DOTS referral being made**

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

<b>Please return form to:</b> Phoenix P-12 Community College Hertford Street, Sebastopol, 3356	Email to: <a href="mailto:Deanne.Joosten@education.vic.gov.au">Deanne.Joosten@education.vic.gov.au</a> Fax: Attention: DOTS Coordinator Fax: 53357582
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**Please detail strategies that have been implemented to support the student at Phoenix**

(E.g. explicit teaching and/or building of replacement behaviours, teaching of school wide expectations, strategies developed on the basis of assessments/practitioner recommendations etc.)

<b>Wellbeing/Behaviour</b>
<b>Academic/out of class support</b>

**Please tick and provide additional detail if the student has any of the following:**

- School Support Group
- Medical/Practitioner Reports (Anxiety/Depression etc.)
- PSD funding
- Agency Involvement (Headspace/CAFS/CAHMS etc.)
- Behaviour Support/Management Plan

Have any other options been considered for this student?  NO  YES

If YES:

How will the student more effectively engage in education by attending DOTS?

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Hertford Street, Sebastopol, 3356

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Likely student enrolment	<input type="checkbox"/> DOTS only	<input type="checkbox"/> Phoenix-DOTS schedule
Likely student 'focus' or pathway at DOTS	<input type="checkbox"/> School focus	<input type="checkbox"/> Work Ready
	<input type="checkbox"/> DECV (Distance Ed)	<input type="checkbox"/> Outreach
What is the intended outcome for this student?	<input type="checkbox"/> Return to Phoenix Expected time-frame?	<input type="checkbox"/> Other
Who is the Phoenix contact person to liaise with the DOTS teacher in relation to the student's wellbeing, engagement and transition back to PhoenixP-12CC? <b>Name:</b> _____ <b>Phone:</b> _____		
Steps/strategies planned to support the student to return to school?		

Has this referral been discussed with Maree Hall?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the DOTS program been explained to the parents/guardians and the student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, how did you find their response?		
Will anything more need to be arranged prior to an Intake meeting at DOTS?		

### Endorse the enrolment

- I endorse a full enrolment with DOTS  YES  NO
- I can be contacted by DOTS for the purpose of supporting my student's engagement and progress  YES  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  NO

<b>Name (Print)</b>	<b>Date:</b>
<b>Signed:</b>	

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