

# 2020 Agency Referral Form



## Section A: Important information

This form is to be completed by an **agency working with the student** in order to determine a student's eligibility for enrolment with Virtual School Victoria (VSV), and to assist with the development and coordination of learning and support plans.

Full-time enrolment at VSV requires the student be withdrawn from the environment of their local school to undertake study through online learning platforms from their family home under the supervision of a parent/carer.

VSV does not receive the DET Program for Students with Disabilities funding.

Enrolment is for the current academic year only. It is expected the student will return to a local school after this time or will be required to re-apply for enrolment at VSV.

The VSV recognises that an important prerequisite for successful engagement with education is the establishment of effective ongoing treatment and support for health conditions and complex social circumstances.

Referral information should demonstrate the student will be receiving ongoing professional treatment and/or support for their condition/s and are committed to using these supports.

Students enrolled at the Virtual School Victoria require supervision by a parent or carer. Supervisors are required to perform a range of duties including:

- facilitating communication between the student and teachers
- ensuring age appropriate adult supervision of the student
- engaging with material provided by VSV both in a written and verbal format
- ensuring that the student has access to a telephone, computer and suitable work area
- supporting the student to engage and participate in the learning program and the wider school community
- ensuring the student submits work in accordance with the prescribed or negotiated submission timetable.

## Section B: Information to determine a student's eligibility and support their enrolment

Agency Details					
Organisation:	<input type="text"/>	Your Name:	<input type="text"/>		
Address:	<input type="text"/>				
Discipline:	<input type="text"/>	Phone:	<input type="text"/>	Email:	<input type="text"/>
Your role in relation to the client:	<input type="text"/>				
Organisation Type:	<input type="checkbox"/> Psychology service <input type="checkbox"/> Child & Adolescent Mental Health Service <input type="checkbox"/> Headspace <input type="checkbox"/> Navigator program <input type="checkbox"/> Private Psychologist <input type="checkbox"/> Paediatric service <input type="checkbox"/> Community-based service <input type="checkbox"/> Hospital-based service <input type="checkbox"/> DHHS Child protection <input type="checkbox"/> Child FIRST <input type="checkbox"/> Other: (Specify) _____				

Student/Client Details					
Name:	<input type="text"/>	Gender:	<input type="text"/>	Date of Birth:	<input type="text"/>
Parent/Carer Name:	<input type="text"/>	Phone:	<input type="text"/>		
Previous school/s, year level and exit date:	<input type="text"/>				

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<b>Student/Client Referral Information</b>	
How long have you worked with this student/client?	
How much contact have you had in this time? Please indicate frequency:	
What are the presenting issues or conditions relevant to your student/client's enrolment at VSV?	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> School refusal <input type="checkbox"/> Bullying <input type="checkbox"/> Behavioural issues <input type="checkbox"/> ASD <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Family issues <input type="checkbox"/> Gaming addiction <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Gender Dysphoria <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Trauma <input type="checkbox"/> Suicide risk <input type="checkbox"/> Pregnancy/parenting <input type="checkbox"/> Other: (please specify) _____
Does this patient/client have a disability?	<input type="checkbox"/> Physical <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Severe Behaviour disorder <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Severe Language disorder Please Provide Details: _____
What additional issues are relevant to this student/client's enrolment at the VSV?	
How do these conditions influence this student/client's ability to attend mainstream school?	
How will these conditions affect the student's ability to engage in online learning at VSV?	
What support or interventions will be put in place to enable your student/client to engage with online learning at VSV to the best of their ability?	
Which practitioner/agency will coordinate the monitoring and delivery of these arrangements during the student/client's enrolment with VSV?	

<b>School transition information</b>	
What supports do you believe are necessary to assist this student to return to mainstream school or another appropriate pathway?	
What time frame do you believe will be required to enable this?	<input type="checkbox"/> By mid-2020 <input type="checkbox"/> By the end of 2020 or beyond

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Please list other professionals/agencies assisting the student at the moment:

Name	Role	Contact Number/Email

## Section C: Endorsement of the enrolment

- I recommend withdrawal from mainstream schooling and having a **full enrolment** with VSV.  No  Yes
- I recommend a **shared enrolment** with VSV and an appropriate mainstream school.  No  Yes
- I will provide ongoing case management and monitoring for the remainder of this year.  No  Yes
- I am prepared to be contacted to provide further information and for the purpose of supporting my student/client's progress.  No  Yes
- I have obtained the consent of the parent/carer or independent student to provide this information to the Department of Education and Training and VSV.  No  Yes

Signature: \_\_\_\_\_

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

Once completed, this form can be returned to the patient/client, or sent directly to VSV via post, fax, or email:

### Post:

Virtual School Victoria  
315 Clarendon Street,  
Thornbury, VIC 3071

### Fax:

(03) 9416 8487

### Email:

enrol@vsv.vic.edu.au

All information obtained in this form is dealt with in accordance with VSV's Privacy Policy and the Department of Education and Training policies and procedures regarding privacy and record keeping. Queries can be addressed to the VSV Enrolment Office on (03) 8480 000.