2021 Practitioner/Agency Referral Form

Section A: Important information

This form is to be completed by a **specialist practitioner or 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. **A Practitioner/Agency Referral Form completed by a General Practitioner (GP) will not be accepted.**

Full-time enrolment at VSV requires the student be withdrawn from the environment of their local school to undertake study through online learning platforms from their family home under the supervision of a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

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 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

Practitioner/Agency Details

Title:		Name:		Discipline:	
Organisation:				Provider Number: (for Practitioners)	
Phone:		Email:			

Organisation Type:

☐ Psychology service ☐ Child & Adolescent Mental Health Service ☐ Headspace ☐ Navigator program
☐ Private Psychologist ☐ Paediatric service ☐ Community-based service ☐ Hospital-based service ☐ NDIS
☐ DHHS Child protection ☐ Child FIRST ☐ Other: (specify)_____

Patient/Client Details

Name:		Date of Birth:	
Gender:		Address:	
Parent/Carer Name:		Parent/Carer Phone:	

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Patient/Client Referral Information

How long has your patient/ client been under your care?	
How much contact have you had in this time? Please indicate frequency:	
What are the presenting issues or conditions relevant to your patient/client's enrolment at VSV?	☐ Anxiety ☐ Depression ☐ School refusal ☐ Bullying ☐ Behavioural issues ☐ ASD ☐ ADD/ADHD ☐ Family issues ☐ Gaming issues ☐ Chronic fatigue ☐ Gender Dysphoria ☐ Sleep disorder ☐ Eating disorder ☐ Trauma ☐ Suicide risk ☐ Pregnancy/parenting ☐ Other: (please specify)_____
Does this patient/client have a diagnosed disability?	☐ Physical ☐ Visual impairment ☐ Hearing impairment ☐ Severe behaviour disorder ☐ Intellectual disability ☐ Autism Spectrum Disorder ☐ Severe language disorder Please provide details:_____
How do these conditions influence your patient/client's ability to attend mainstream school?	
How will these conditions affect the student's ability to engage in online learning at VSV?	
What treatments or interventions will be put in place to enable your patient/ client to engage with online learning at VSV to the best of their ability?	
Which practitioner will coordinate the monitoring and delivery of the health care/support plan during the student's enrolment with VSV?	

Plan to return to mainstream school

What treatments or supports do you believe are necessary to assist your patient/client to return to mainstream school?	
What time frame do you believe will be required to enable this?	☐ By mid-2021 ☐ By the end of 2021 or beyond

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Please list other professionals/agencies assisting your patient/client 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 treatment and monitoring for the duration of the enrolment.	☐ No	☐ Yes
I am prepared to be contacted to provide further information and for the purpose of supporting my patient/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: _____

Practitioner Stamp:
(if applicable) _____

Once completed, this form can be returned to the patient/carer, 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 0000.