

# 2023 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Full-time enrolment at VSV requires the student to be withdrawn from the environment of their local school to undertake study through online learning platforms from their family home under the supervision of a parent/carer. Students are expected to participate in online classes.

**VSV does not receive funding through the Victorian or Commonwealth student disability support funding programs (PSD, NCCD, DI).**

**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, reliable internet connection 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.

## Online Classes – Year 7-10 only

All **Year 7 - 10** students participate in regular timetabled online classes. Online attendance is an expectation. If this is not possible due to personal circumstances, students, parents/carers/supervisors must contact the relevant Student Coordinator to arrange an exemption.

**Practitioner/Agency recommendation for online class attendance:**

- Student is able to attend and participate in online classes with other students.
- Student is able to attend and observe online classes.
- Student will require additional support to attend online classes, from parent/carer.
- Student is not currently able to attend online classes.

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## Workload

The Victorian Curriculum requires that a full-time student in Foundation to Year 10 is engaged in 25 hours of learning per week in a range of subjects from all of the Learning Areas. At Virtual School Victorian one hour is allocated to SEL - Social & Emotional Learning (or Student Contact).

Practitioners are asked to provide detailed information related to a student's workload capacity expressed as Equivalent Full Time (EFT) or number of hours on the Practitioner Agency Referral Form (PARF) prior to enrolment to inform overall learning program planning for the student.

Practitioner/Agency Recommendation	
<input type="checkbox"/>	100% EFT or 25 hours per week (full-time)
<input type="checkbox"/>	75% EFT or 18 hours per week (part-time)
<input type="checkbox"/>	50% EFT or 12 hours per week (half-time)
<input type="checkbox"/>	25% EFT or 6 hours per week (part-time)
<input type="checkbox"/>	0% EFT or 0 hours (not ready to learn)

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

Practitioner/Agency Details					
Title: <input type="checkbox"/>	Name: <input type="text"/>	Discipline: <input type="text"/>			
Organisation: <input type="text"/>	Provider Number: (for Practitioners) <input type="text"/>				
Phone: <input type="text"/>	Email: <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"/> NDIS
	<input type="checkbox"/> DFFH Child protection	<input type="checkbox"/> Private psychiatrist	<input type="checkbox"/> Other: (specify) _____		

Patient/Client Details	
Name: <input type="text"/>	Date of Birth: <input type="text"/>
Gender: <input type="text"/>	Address: <input type="text"/>
Parent/Carer Name: <input type="text"/>	Parent/Carer Phone: <input type="text"/>

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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 (weekly, fortnightly, monthly, etc)	
What are the presenting issues or conditions relevant to your patient/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"/> Gaming issues <input type="checkbox"/> Trauma <input type="checkbox"/> Gender Dysphoria <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Pregnancy/parenting <input type="checkbox"/> Suicide risk <small>If the student presents with suicide risk, please provide further information on the nature or level of risk and provide a copy of the current safety plan.</small> <input type="checkbox"/> Other: (please specify) _____
Does this patient/client have a diagnosed disability or learning difficulty?	<input type="checkbox"/> Physical <input type="checkbox"/> Visual impairment <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Severe language disorder <input type="checkbox"/> Severe behaviour disorder <input type="checkbox"/> Learning difficulty 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 provide ongoing treatment and monitoring 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?	<input type="checkbox"/> By mid-2023 <input type="checkbox"/> By the end of 2023 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 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
- I believe the parent/carer is capable of meeting the supervisor requirements.  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.