

Section One: Intake Phase

Referral/Screening Form

Please return the completed referral form to:

The Social Worker
Link Centre Ltd
91 Bladin Street
Laverton VIC 8025
Tel: 9369 8025
Fax: 9369 8125

The Referral Form will also be used as a screening tool.

A member of the Link Centre will endeavour to contact you within 2 weeks of the Link Centre receiving a hard copy of a completed Referral Form. The purpose of this contact is to advise you of whether the referral is appropriate (i.e. young person is eligible), status of vacancies at the Link Centre or if the young person is inappropriate, advise of why the young person has not met the selection criteria for entry.

If the young person is considered eligible, the referrer will be invited to attend a Placement Panel Meeting (PPM). The purpose of this meeting is to gain greater insight into the needs of the young person, and to determine whether the Link Centre is the best option to address the identified needs of the young person.

Page 14 is the Strengths and Difficulties Questionnaire. (Form 2.2 A). It should be completed by a classroom teacher who has a good knowledge of the client.

It is appreciated if you can provide as much information as possible.

Conditions of Referral

1. The Link Centre will only consider referrals where the Parent/Guardian AND young person has been informed of a referral is being made to the Link Centre.
2. The Link Centre's primary focus is to support disengaged young people to return to mainstream education. Therefore the Link Centre only accepts referrals from schools that agree to take the young person back when the young person has completed their tailored program at the Link Centre.

For the reason above, we do request that the school commit to maintaining contact with the young person while she/he is attending the Link Centre. Specifically, we request the school to nominate a 'teacher' advocate who will support the young person at the Link Centre through both formal and informal contact during the young person's attendance at the Link Centre, and when the young person returns to school. The Link Centre believes this role is crucial if the young person is to successfully return to mainstream education.

If the school agrees to the above, and the referral is accepted, the school will be asked to sign an agreement known as '*Agreement with Referring School*'. The Principal must sign the Agreement as well as the teacher advocate. Once the Link Centre receives the Agreement, a formal letter of offer will be sent to the young person, parent and school confirming the placement.

3. Once a placement has been confirmed, the young person will be required to undertake a 4 week trial period, after which the young person/family and/or the Link Centre can decide to end the placement.

1. Referral Information

School _____

Name of Referrer _____

Address of School _____

Telephone Number _____ Date _____

Position of referrer

Principal

Vice principal

SWC

Year Level coordinator

Classroom teacher

Other (please specify

Contact Details of Referrer (include email address) _____

Reason for Referral (please comment in point form)

2. Personal information

Client Details

Client Name _____

Address _____

_____ Postcode _____

Year Level _____ DOB _____ Age _____ yrs _____ mths

Parent information

NAME	ADDRESS	PHONE
<input type="checkbox"/> mother		w h m
<input type="checkbox"/> father		w h h
<input type="checkbox"/> guardian		W h m

Where is client currently living?

- With parent/s
 Residential Care
 Foster care
 With extended family
 With friend
 Other (specify)

Cultural Background

- Australian
 Aboriginal/TSI
 other (please specify)

Preferred Language

If the client is from a CALD or ATSI background do they identify with this community?

- Yes No

If yes, please outline any needs the young person or family may therefore have or support services that may need to be involved? e.g. interpreter for parent interview

Will the parent require transportation for any meetings at the Link Centre

- Yes No Don't know

Parent Information

Please tick all that are relevant

Family issues

- | | |
|---|---|
| <input type="checkbox"/> Isolated family | <input type="checkbox"/> History of Criminal Behaviour |
| <input type="checkbox"/> Single parent family | <input type="checkbox"/> History of D&A issues |
| <input type="checkbox"/> Family currently involved with DHS | <input type="checkbox"/> History of other family problems (specify) |
| <input type="checkbox"/> Family involved with CP in past | _____ |

Please rate the following. If you have no knowledge please put a line through the question

Stability at home

1____2____3____4____5

Not good Excellent

Safety at home (e.g. is there domestic violence)

1____2____3____4____5

Not good Excellent

Relationship between the child and parent/guardian

1____2____3____4____5

Not good Excellent

Relationship between the child and siblings

1____2____3____4____5

Not good Excellent

Relationship between parent/guardian and school

1____2____3____4____5

Not good Excellent

Parent's Health

1____2____3____4____5

Not good Excellent

Parent's Mental Health

1____2____3____4____5

Not good Excellent

Family and community networks (i.e. isolated or good level of community support)

1____2____3____4____5

Not good Excellent

Finances

1____2____3____4____5

Not good Excellent

Please comment on any concerns identified above or any other issues that might be relevant e.g. parent aggressive towards school staff etc).

3. Assessment Information

School History

How many days has the client been suspended for in the past 12 months? _____ days

How many days has the client had in school suspensions? _____ days

Has the client been expelled from any other schools? Yes No

If yes, name the school

How many schools has the client attended in the past? _____

Has the client been in any alternative educational settings in the past?

Yes No Don't know

If yes, which service/s

- St Vincent School (TIERS)
- Secondary Teaching Unit
- Oasis
- DOXA
- CAMHS in house schooling
- Travencore
- Other (please specify) _____

Please comment on why the client attended and length of time attended

Is the client currently attending school?

Yes No

If no what was the last date the client attended school? _____

How many days has the client been absent in the past 6 months? _____ days

If not attending school why?

- Suspended
- Expelled
- Truancy
- School refuser
- Prolonged illness
- Other (please specify)

Any additional information about the client's attendance

Academic Assessments

Please provide information on academic/educational assessments that have been undertaken. ***This includes any intellectual assessments or assessed learning disabilities. If you have any of the assessment reports, please attach to this form***

Assessment	Brief comment on results

If there have been any assessments that are relevant that do not fit into the above categories please provide the information

Assessment	Brief comment on results

Does the school have an access to a report about the assessments Yes No

If yes, please attach

Please attach a copy of an example of the young person's written work and maths.

Health Information

Has the young person been involved with mental health services?

Yes No Don't know

If the client has been involved with mental health services and there was a diagnosis please provide the following information

- ADHD
- CD
- ODD
- Depression
- Anxiety
- Obsessive compulsive behaviour
- Trauma related issues (eg abuse etc)
- Other (please specify)

Please provide information about the involvement of mental health services

Does the school have an access to a report about the client's mental health Yes No

If yes, please attach

Does the client have a disability?

Yes No Don't know

If yes, what is the type of disability?

- Intellectual
- Sensory (please specify) _____
- Physical (please specify) _____

Does the client have an integration aide? Yes No

If the client has a disability please outline the special needs associated with that disability

Does the school have an access to a report about the client's disability Yes No

If yes, please attach

Does the client have any medical issues? Yes No Don't know

If yes please specify.....

Have any medical assessments been undertaken Yes No Don't know

If yes, does the client require any special assistance due to the medical issue? (e.g. asthma)

Does the school have an access to a report about the client's medical condition Yes No

If yes, please attach

Name of Family doctor..... Phone number.....

Assistance provided in school

Does the client received any support in the school currently or in the past 2 years

- | | |
|--|--|
| <input type="checkbox"/> SWC | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Integration aide | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Support Group (please specify) _____ |
| <input type="checkbox"/> Youth worker | <input type="checkbox"/> Other special education program (specify) _____ |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Social Worker | |
| <input type="checkbox"/> Specialist Teacher (please specify) _____ | |
| <input type="checkbox"/> Occupational Therapist | |

Please comment on the involvement of the services that are currently involved or have been involved in the past 2 years contact person and date the client commenced and left the service

Service received	Reason for Involvement	Frequency of involvement	Contact details	Date Service Commenced /Concluded

Other services involved currently or recently involved

- Welfare organisation Special education

- Individual Counselling
- Family Counselling
- Child Protection
- Juvenile Justice
- Mental Health Service

- Group Counselling
- Family Violence service
- Family Law Court involved
- Disability Services
- Other (please state)_____

Please list the other organisations involved or that have recently been involved, contact worker and date the client commenced and left the service

Name of Organisation	Reason for Involvement	Telephone Contact Details	Date Service Commenced

Client Strengths/Concerns

Please tick the strengths of the client

- | | |
|---|--|
| <input type="checkbox"/> Social competence | <input type="checkbox"/> Functions within expected norms |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Good self esteem |
| <input type="checkbox"/> Good at school work | <input type="checkbox"/> Enjoys school generally |
| <input type="checkbox"/> Enjoys sport | <input type="checkbox"/> Relates well to adults |
| <input type="checkbox"/> Attachment to family | <input type="checkbox"/> Pro social peer group |
| <input type="checkbox"/> Easy going | <input type="checkbox"/> Involved in positive activities |
| <input type="checkbox"/> Good coping style | <input type="checkbox"/> Able to solve problems |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Good communication skills |
-

Which of the following relate to the client? Tick as many as are appropriate

Academic

- | | |
|---|---|
| <input type="checkbox"/> Reading problems | <input type="checkbox"/> Oral Language problems |
| <input type="checkbox"/> Writing problems | <input type="checkbox"/> Numeracy problems |
| <input type="checkbox"/> Other (please specify) | |
-

Attendance

- | | |
|--|---|
| <input type="checkbox"/> Has not attended for 6 months or more | <input type="checkbox"/> Rarely attends during the semester |
| <input type="checkbox"/> Absent at least one day per week | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Absent two days a week | |
| <input type="checkbox"/> Absent more than 2 days a week | |
-

Classroom behaviour

- | | |
|--|---|
| <input type="checkbox"/> Unable to sit still | <input type="checkbox"/> Distracts others in the classroom |
| <input type="checkbox"/> Talks constantly | <input type="checkbox"/> Does not complete classroom work |
| <input type="checkbox"/> Does not bring pens/books required to class | <input type="checkbox"/> Does not complete homework |
| <input type="checkbox"/> Constantly loses things | <input type="checkbox"/> Calls out inappropriately |
| <input type="checkbox"/> Disorganised | <input type="checkbox"/> Touches other student's property |
| <input type="checkbox"/> Does not participate in class | <input type="checkbox"/> Throws things around the classroom |
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Likes to be centre of attention |
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Other (specify)_____ |

Relationship Skills

- | | |
|--|--|
| <input type="checkbox"/> Unable to form friendships | <input type="checkbox"/> Prefers company of adults |
| <input type="checkbox"/> Changes friends often | <input type="checkbox"/> Plays with younger children |
| <input type="checkbox"/> Friendship with older group | <input type="checkbox"/> Sits alone in the classroom |
| <input type="checkbox"/> Other (specify) | |
-

Health/Wellbeing

- | | |
|---|--|
| <input type="checkbox"/> Illness/Medical issue | <input type="checkbox"/> Poor fine motor skills |
| <input type="checkbox"/> Poor Self Esteem | <input type="checkbox"/> Poor gross motor skills |
| <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Is know to steal things |
| <input type="checkbox"/> Poor fine motor skills | <input type="checkbox"/> Bullying behaviour |
| <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Physically aggressive to peers |
| <input type="checkbox"/> Poor living skills | <input type="checkbox"/> Physically aggressive to teachers |
| <input type="checkbox"/> Poor social skills | <input type="checkbox"/> Verbally aggressive to peers |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Verbally aggressive to teachers |

- Physical cruelty to people
 - Physical cruelty to animals
 - Substance abuse
 - Has been sexually abused
 - Often lies
 - Setting fires
 - Using weapons in confrontations
 - Destroying others property
 - Stealing
 - Sexual assault
 - Other (please specify)
-

- Inappropriate sexual acts
- Bullies others
- Upcoming court appearance
- Past criminal convictions
- Runs away from home
- Stays out late
- Suicidal behaviour
- Self harming behaviour
- Depressed
- Often anxious

Please provide a brief comment to describe what you see to be the most **significant issues** you have identified. If relevant provide information about the **frequency** of the behaviour e.g. substance abuse – drinks every weekend.

Please outline what you hope the client will achieve by their participation in the Link Centre program. Provide information in point form e.g. Improvement in reading, controlling aggression etc

Please provide information on the strategies that have been used in the past to help this client

Identified concern	Strategy	Successful/unsuccessful

Please briefly in point form comment on the Parent/Guardians response to the Referral

Please briefly comment in point form on the client's response to the Referral

Any additional information that may assist with the Referral