

REFERRAL FOR ENROLMENT



TEARA

Same Education. Different Pathway.

PERSONAL INFORMATION:

Student Name:

School:

Year Level:

Parent/ Caregiver	Lives with student <input type="checkbox"/>
Name:.....	
Address:.....	
.....	
Cell no.....	
Phone 2	
Email	

Parent/ Caregiver	Lives with student <input type="checkbox"/>
Name:.....	
Address:.....	
.....	
Cell no.....	
Phone 2	
Email	

Date of Birth: Ethnicity:

Iwi:.....

Language spoken at Home:

Comments on Home Circumstances:

.....

Student NSN Number:

Contact in Emergency: Name

Phone no:

Doctor: Dentist:

Do we have permission to administer Panadol Yes / No

Medication History:.....

.....

General Health:

.....

Any known disabilities:

Hobbies and Interests:.....

.....

Cultural Interests:.....

.....



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Extracurricular activities/ clubs:

.....
.....

Other Agencies Involved with Student: e.g. RTLB, Special Ed, Psychological Services, Youth Aid. Please attach any relevant reports/documentation

.....
.....

Name of Person(s) Involved:

.....

Any other information – e.g. out of school concerns:

.....
.....
.....

If the student attends Te Ara, will they be able to continue these activities/clubs:

Yes No

If Yes please give details:

Has the student been enrolled with Te Kura previously?

Yes No

Enrolling School: Phone:

Has the student been issued a current student ID?

Yes No

Person Referring Student: Phone:

Email:

Person with ongoing responsibility for maintaining contact with student:

Name: Email:

Attendance - Absent Half Days:

Comments on Attendance:

Reason(s) for Referral:

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Please list interventions tried by school and outcomes:

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.....
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.....
.....
.....

Does the student have a current IEP?

Yes (please attach) No

ACADEMIC:

Reading

Strengths:.....

Level:

Barriers:

Writing (please attach a writing sample)

Strengths:.....

Level:

Barriers:

Oral Skills:

Practical Skills (e.g. Technology):

Learning Disabilities:

Please attach any relevant reports (e.g. SPELD)

Involvement in Physical Education:

General Ability Level: (please tick) Below Average Average Above Average

Does the student have a current subject reports?

Yes (please attach) No

PATs or other testing?

Yes (please attach) No

Your Connection to the student.....

How well do you know the student? _____ (1= barely to 5 = really well)

1) In your view, if nothing changes (if they continue on their current path) how likely is it that the student will achieve NCEA Level 1? _____

- 5 = almost certain
- 4 = likely
- 3 = possibly
- 2 = unlikely
- 1 = highly unlikely

2) In your view, how much of a barrier to achieving NCEA Level 1 and 2 does each of the following present at the present time?

Please Tick ✓	Lack of attendance in class (regardless of reason).	Lack of engagement in learning when they do attend.	Poor relationships (with one or more staff, peers, whanau members etc)	Lack of connection to college (e.g. sports clubs, mentors)
5 Hugely significant				
4 significant				
3 somewhat significant				
2 not particularly significant				
1 not significant at all				
? not really sure				

EXPECTED OUTCOMES

What outcomes are necessary before the student would be ready to re-attend mainstream education:

.....
.....
.....
.....



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What potential barriers will there be to a transition back to school?.....
.....
.....
.....

What potential supports will there be to a transition back to school?
.....
.....
.....

Please comment on any other options you see as being available to this student out in the community. Such options may become part of the student's programme at the Centre or an alternative to attending the Centre:
.....
.....

Signed:Date:

Checklist:	
Required	
Subject Reports	<input type="checkbox"/>
Subject Assessments	<input type="checkbox"/>
Samples of work	<input type="checkbox"/>
If Relevant	
Psychologist Report	<input type="checkbox"/>
Individual Education Plan	<input type="checkbox"/>
Educational Assessments	<input type="checkbox"/>
SPELD report	<input type="checkbox"/>
CYF documentation	<input type="checkbox"/>
RTLB referral	<input type="checkbox"/>