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Principal: Anne Babich
Student Engagement & Wellbeing: Dianna Spehar
International CRICOS code - 00861K

Student Support Services Referral Form

PERSONAL DETAILS:

Student's Name: _____ Age: _____

Date of Birth: _____ Year Level: _____

Mother: _____ Father: _____

Phone: Home _____ Phone: Home _____

Mobile _____ Mobile _____

TYPE OF REFERRAL: Please indicate service/s required:

- Speech Pathologist
- Psychologist
- School based Student Engagement & Support
- English as a Second Language (ESL)
- Literacy Intervention
- Numeracy Intervention

Parent's Opinion _____

PARENTAL CONSENT:

I/We give permission for my child to be referred to the Student Engagement & Wellbeing Leader and to be contacted as required. This permission remains for as long as involvement is deemed necessary. I/We understand that parental permission can be withdrawn at any stage. I/We understand that a student file will be created which will contain information deemed relevant to the case. The file remains the property of the Department of Education and Training. I/We give permission for the release of information to those and from those who have responsibility for the care of my/our child.

Mother/Guardian _____ Date _____

or

Father/Guardian _____ Date _____