



GAVEN STATE SCHOOL
PARENTAL CONSENT FOR SPECIAL NEEDS REFERRAL

Student: _____ **Year Level:** _____ **Date of Birth:** _____

Your child has been identified to the Special Needs Committee for the reasons listed below. You are invited to provide any information that may be useful to the Special Needs Committee when it considers your child’s educational needs.

Reason for Referral			
Areas of Concern	✓	Areas of Concern	✓
Oral Reading		Numeracy	
Reading Comprehension		Emotional / Counselling	
Writing		Behaviour Management	
Spelling		Social Skills	
Speaking/Expressive Language		Attention/Concentration	
Listening/ Receptive Language		Vision	
Speech Production		Hearing	
Handwriting/Fine Motor Skills		Gifted & Talented	
Gross Motor Skills		Other	

BACKGROUND INFORMATION

Please complete the following section with as much detail as possible to allow us to assess your child as accurately as possible.

Mother/Guardian: _____ Home Phone: _____ Wk Ph: _____

Father/Guardian: _____ Home Phone: _____ Wk Ph: _____

Position in family: _____ Home languages: _____

Previous School/s _____

Medical History/Allergies:

Health and Developmental History:

Other Agencies Attended & Dates if possible (e.g. Paediatrician, D.A.T., Optometrist, Hearing Specialist etc) :

During the referral process your child may need to be seen by and/or assessed by one or more of the following Education Queensland Professionals.

- Guidance Officer/ Counsellor (GO)
- Speech and Language Pathologist (SLP)
- Teacher Supporting Educational Adjustment (TAEA)
- Behaviour Advisory Teacher (BAT)
- Learning Support Teacher (ST:LD)

If you DO NOT want your child to be seen by one of these professionals, please cross out the respective ones.

Health and Wellbeing Issues		If Yes, please comment
Are there any concerns with sleeping habits?	Yes / No	
Are there any concerns with eating habits?	Yes / No	
Are there any concerns with toileting Issues?	Yes / No	
Have there been frequent ear infections?	Yes / No	
Do you have any concerns with child's vision?	Yes / No	
Do you have any concerns with child's hearing?	Yes / No	
Are there any recent emotional/family issues? e.g. grief, trauma, divorce etc.	Yes / No	
Are there any other concerns you have?	Yes / No	

It is in the best interest of your child to have their hearing and vision assessed by a trained professional to eliminate the possibility of a hearing or vision difficulty. Having these assessments completed rules out the possibility of these problems impacting on your child's learning. Both tests can be completed free of charge if you wish. Vision and hearing assessments can both be done through the bulk billing (Medicare) system. Check local guides for your nearest centres.

**Before handing referral back to class teacher,
Please check that you have:**

- * Provided as much background information as possible
- * Attached hearing and vision test assessments (if applicable)
- * Signed the bottom of page 2

Parent's/Guardian's Signature: _____ **Date:** _____