



# Student Referral Form

Please complete each section and return to [enrolments@horizonscollege.qld.edu.au](mailto:enrolments@horizonscollege.qld.edu.au)

Referrer's Details		Date:	
Full Name:		Agency/Organisation:	
Phone:		Email:	
Relationship to Student:			

Student Details			
Full Name:		Date of Birth:	
Current Address:		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
Phone:		Current School:	
Year Level:		Attendance %:	
Consent to share information with Horizons College has been obtained:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student been previously referred to Horizons College or another alternative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Referral and provide further information to show student disengagement:			
<input type="checkbox"/> The student has a diagnosed condition:			
<input type="checkbox"/> The student has an imputed condition:			
<input type="checkbox"/> The student is in out of home care:			
<input type="checkbox"/> The student is involved with Youth Justice:			
<input type="checkbox"/> Other			
The Student's current NCCD category and level is (leave blank if NA):			

Parent/Guardian Details			
Full Name:		Relationship to Student:	
Phone:		Email:	
I grant permission for the student's personal information to be provided to Horizons College:			
Signature		Date:	



# Student Referral Form

Please complete each section and return to [enrolments@horizonscollege.qld.edu.au](mailto:enrolments@horizonscollege.qld.edu.au)

## When accessing curriculum, the student struggles with: Please provide a current Support Plan

<input type="checkbox"/> Difficulty reading texts appropriate to year level <input type="checkbox"/> Struggles to understand written instructions <input type="checkbox"/> Avoids reading aloud or participating in group reading <input type="checkbox"/> Writing lacks structure, detail, or coherence <input type="checkbox"/> Spelling, grammar, and punctuation significantly below year level <input type="checkbox"/> Requires support to plan and edit written work	<input type="checkbox"/> Avoids maths tasks or shows signs of maths anxiety <input type="checkbox"/> Difficulty recalling number facts or basic operations <input type="checkbox"/> Struggles with multi-step problems <input type="checkbox"/> Unable to transfer knowledge to real-world contexts (e.g. money, time) <input type="checkbox"/> Becomes easily frustrated when challenged by new concepts	<input type="checkbox"/> Difficulty following sequences or step-by-step processes <input type="checkbox"/> Struggles with abstract or higher-order thinking <input type="checkbox"/> Finds it hard to apply prior knowledge to new contexts <input type="checkbox"/> Rigid thinking; struggles with open-ended tasks or flexible problem-solving <input type="checkbox"/> Reluctant to take academic risks or try unfamiliar approaches	<input type="checkbox"/> Reluctant to participate in class discussions <input type="checkbox"/> Avoids group work or collaborative learning tasks <input type="checkbox"/> Does not ask for help, even when confused <input type="checkbox"/> Often communicates in minimal or disengaged ways (e.g. "I don't know")
--	---	---	---

## Tick all behaviours regularly observed. Include additional context if possible.

<input type="checkbox"/> Struggles to follow directions <input type="checkbox"/> Calls out to gain attention <input type="checkbox"/> Difficulty remaining seated or in one place <input type="checkbox"/> Sensitive to noise <input type="checkbox"/> Difficulty organising self or materials <input type="checkbox"/> Frequently places head on desk or disengages <input type="checkbox"/> Avoids or refuses interaction with staff <input type="checkbox"/> Displays anger or argumentative behaviour <input type="checkbox"/> Complains of physical symptoms to avoid tasks (e.g. headaches) <input type="checkbox"/> Unwilling or unable to compromise <input type="checkbox"/> Gives up easily or refuses to persist	<input type="checkbox"/> Verbally abusive towards staff or peers <input type="checkbox"/> Damages or throws materials <input type="checkbox"/> Disrupts peers' learning <input type="checkbox"/> Becomes anxious if work is not perfect <input type="checkbox"/> Socially isolates self <input type="checkbox"/> Engages in negative self-talk <input type="checkbox"/> Shows behaviours not typical for age <input type="checkbox"/> Refuses help from staff <input type="checkbox"/> Disassociates or mentally checks out <input type="checkbox"/> Difficulty regulating behaviour in social settings <input type="checkbox"/> Avoids tasks by procrastinating or appearing busy
---	--

## The student has expressed ideas about situations concerning their safety:

<input type="checkbox"/> Bullying at school <input type="checkbox"/> Online Bullying <input type="checkbox"/> Feeling unsafe on the way to and from school <input type="checkbox"/> Indulge in illegal substances	<input type="checkbox"/> Physical violence <input type="checkbox"/> Suicidal Thoughts <input type="checkbox"/> Sexual violence <input type="checkbox"/> Self-harm <input type="checkbox"/> Other: [More Information]
--	--

Please attach any other relevant documentation that will assist us in providing support for the student.