

Christchurch Alternative Education

Student Referral Form

ChCh Consortium Manager:
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 Cashmere High School
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Personal Information

Student's Name

Also known as

Date of Birth Age Gender Ethnic Origin
 iwi if applicable

Living with Relationship with student

Address Home Phone

Mother's name Father's name

Address Address

Phone Phone

Others at home

Emergency contact Phone

Referrer's name Position

Address Phone

Which school was this student last enrolled at?:

Are the parents/caregivers aware of this referral?

If so what is their response?

Is the student aware of this referral?

If so what is their response?

Agencies involved with student

e.g. CYPS, SES, YES, DTS, YSS, YOUTH AID

Agency Name	Phone	Key Worker	Status e.g. current, past, long-term

Health Information

General state of health
(give an indication)

Excellent

Good

Poor

Is this student on medication?
If so, what specifically?

Referral Information

Please indicate reasons for this referral e.g. school attendance, suspension/exclusion history, home situation, behavioural issues. List any ongoing specialist support that the student is receiving. Include tagged funding support e.g. teacher aide hours

Individual Education Plan (IEP). Please attach relevant school information that would be helpful in the construction of a forward pacing plan.

Signature of Referrer _____

Date _____

Cashmere High School Office Use Only

1. Verification Fits criteria? Yes No Already verified
2. Case Conference required? Date
3. Recommended provider..... Date referred to provider

Post Provision Outcome

Date: