



Resource Teacher: Literacy Referral Form

Please do not refer any of the following students	
<ul style="list-style-type: none"> • Global delays affecting all curriculum areas / High learning needs / ICS • Attendance below 90% • ESOL students with little conversational English • Significant behavioural challenges • Less than 6 months below expectation • Repeat referrals • Year 6 or above 	

Student Information			
Name			
School			
Previous School/s			
NSN		DOB	
Gender		School Entry (dd/mm/yy)	
Ethnicity		School Entry Age	
Home Language(s)		Referral Age, e.g. 6.4	
Attendance (eg. 98%)		Year Level	
Caregiver name/s			
Caregiver phone/s			
Caregiver email/s			
The school has obtained parent or caregiver consent for this referral:		Yes / No	

Reading Comment (Please attach recent relevant assessments)

Writing Comment (Please attach recent sample from their book)

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School Based Tier 2 Intervention/s (Please provide dates and details)

Other Information	
Hearing	
Vision	
Medical	
Oral Language	Above / Average / Below
Mathematics	Above / Average / Below
General	

Outside Services / Agencies Accessed			
Vision / Optometrist	Yes / No	Psychologist	Yes / No
Hearing / Audiologist	Yes / No	SPELD	Yes / No
Speech and Language	Yes / No	Occupational Therapist	Yes / No
RTLB / Learning Support	Yes / No	Other	Yes / No
If yes, please comment			

School Contact	
LSC / SENCO name	
LSC / SENCO email	