

RTL B Referral Form

# Bombay Cluster

Resource Teacher : Learning and Behaviour.

**Janet Davis.**

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**Resource Teacher: Learning and Behaviour – Referral Form.**

Surname <i>Ingoa Whanau</i>		First Name(s) <i>Ingoa</i>	
Parent/ Guardian's Name		Home Phone Number <i>Nama waea</i>	
Address <i>Wahi noha</i>		D.O.B.	Age
School <i>Kura</i>		Teacher <i>Kaiako</i>	
		Class Level	Room No. 4
Ethnic Group <i>Ropu matawaka</i>		Home Language <i>Reo o te kainga</i> English	
Referral made by		Number of schools attended	
Other agencies involved <i>Please circle</i> CYF GSE(Early intervention, SLT) RTLit PHN Health Camp Community Agencies			
Other _____			

Reasons for Referral	
Behaviour (Please describe behaviour causing concern and indicate frequency)	
School Interventions tried to date	<b>Please include:</b> <ul style="list-style-type: none"> <li>○ Current Individual Education Plan (IEP)</li> <li>○ School interventions to date</li> <li>○ Relevant assessment data</li> <li>○ Other relevant information</li> </ul>
Relevant background information	<b>Tick or comment</b> Attendance : <i>Satisfactory/ Unsatisfactory</i> Health : Vision : Hearing : Medication :

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**Current Achievement Levels**

<p><b>Reading</b> Last running record Level _____</p> <p>List any reading interventions tried within the school e.g. Reading Recovery</p> <p>Comment on child's comprehension</p>	<p><b>Maths</b> Level _____ Please Circle <b>Achieving</b>                      <b>Not Achieving</b></p> <p>Comment on child's general understanding/ skills.</p>
<p><b>Oral Language</b> Please circle <b>No concern</b>   <b>Needs some help</b>   <b>Needs urgent help</b></p> <p>Grade 1=seldom - 5=frequently (high)</p> <p>Participates in group discussions 1   2   3   4   5</p> <p>Can follow simple instructions 1   2   3   4   5</p> <p>Other comments</p>	<p><b>Written Language</b> Provide a written sample from the student that is unassisted by the teacher. Please record the time taken to complete this sample.</p> <p>Spelling Age _____ (Assessment used to confirm Spelling Age)</p> <p>General Comments</p>
<p>Teacher signature _____ Date _____</p>	

<p><b>Privacy Act Authorisation.</b> I/we give authority for the RTL B to obtain and share information in the context of the referral as necessary for this pupil. (Privacy Act, 1993).</p> <p>Parent/ Guardian signature _____ Date _____</p>
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<p>This referral has been fully discussed and completed in collaboration with the parent/ guardian and classroom teacher.</p> <p>Principal's signature _____ Date _____</p>
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