

# WESTERN DISTRICTS LEARNING AND BEHAVIOUR UNIT

*Based at:*

Kimi Ora Community School  
1 Boston Cres  
Flaxmere, HASTINGS

*Phone:* (06) 879-5550  
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## REFERRAL FORM

**Child:** \_\_\_\_\_ M/F      **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_      **Year Level:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Class Teacher:** \_\_\_\_\_

**School:** \_\_\_\_\_      **Room Number:** \_\_\_\_\_

**Number of schools attended over the last three years:** \_\_\_\_\_

**Name of Parent / Caregivers:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Referred For:** (please ✓ ) Behaviour only:  Learning only:  Learning & Behaviour:

**Reason For Referral:**  
Teacher concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

**Previous Interventions & Agencies:**  
\_\_\_\_\_  
\_\_\_\_\_

**Current Interventions & Agencies:**  
\_\_\_\_\_  
\_\_\_\_\_

**Expected Outcomes of Learning and Behaviour Teacher Intervention:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach further information if necessary.*

I give permission for the learning & behaviour unit teacher to work with \_\_\_\_\_  
and I understand that I will be kept informed of all developments as this referral is processed.

\_\_\_\_\_  
Parent / Care Giver:

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Principal:

**NOTE:** Under the Privacy Act 1993 it is necessary to have approval to gather data. This information will remain confidential to parents / caregivers and the professional staff associated with this referral.