

This form is used to refer students with disability and additional needs to DAS for support through the Student Advocacy Service. Complete digitally (fillable fields) or print and complete by hand. For best results use Adobe Acrobat Reader (free: get.adobe.com/reader) - do not use Apple Preview or browser PDF viewers. You can also complete this referral online at: forms.typeform.com/to/aKtPKb62

Referral Type

I am referring:

My child A client A student Myself

Referrer Details

Your name:

Agency / Relationship to student:

Phone: Email:

Referral date:

Student Details

Full name of child / young person:

Preferred name:

Date of birth: Age: Gender:

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both

Does the family speak a language other than English at home?

Yes No

If yes, which languages?:

Does the family need an interpreter?

Yes No Unsure

Does the student have a disability or additional support needs?

Yes No Not sure

Is the student on the NDIS?

Yes No Not sure Applying Not eligible

Diagnosis / Overview of support needs (optional):

School Information

Is the student currently enrolled in school?

Yes No

School Region: School Level:

School: Year Level:

School name (if not in list above):

Parent / Caregiver 1

Full name:

Phone: Email:

Address:

Parent / Caregiver 2

Full name:

Phone: Email:

Address:

Reason for Referral

Please explain why the student is being referred. Include what has been done so far to resolve the issue.

Desired Outcome

What outcome is the family hoping for? What would successful advocacy look like?

Consent & Submission

- I confirm the family has consented to DAS collecting the information in this form
- I consent to case information being shared with NTG Dept of Education for impact measurement

Signature: Date:

Email Form to DAS

Opens your email with admin@das.org.au prefilled. Save this form first, then attach it to the email.

Disability Advocacy Services Inc.