



Integrate

Year 7- 9 Early Intervention Engagement Strategy

POTENTIAL STUDENT INFORMATION FORM

Integrate is an early intervention engagement strategy for students in years 7, 8 or 9 at school (or 12-15 years) who are disengaged, or at serious risk of disengaging from education.

Located at Beafield Education Centre, 90 Beafield Rd, Para Hills West, Integrate is an Annexe of Bowden Brompton Community School. Students participating in the year-long Integrate program will be required to enrol at Bowden Brompton Community School for the 12 month duration of the program.

Integrate Student Selection Criteria

Students eligible for enrolment in Integrate are:

- Aged 12-15 years or will be in year 7, 8, 9 of school for the year of their enrolment Integrate
- Resident of the Northern or North-Eastern Suburbs
- Disengaged or at serious risk of disengaging from education
- Failing or at risk of failing to successful transition to secondary education
- Students in care (Guardianship Of the Minister)
- Involved with Dept. of Child Protection
- Aboriginal or Torres Strait Islander (ATSI)
- Averaging minimum of 70% attendance over the past 12 months

Students will NOT be eligible Integrate if they are:

- Currently under exclusion
- Chronic non-attenders (less than 70% over last 12 months)

If you have students who meet Integrate criteria and would like to nominate, please complete in full and email back to lee.vanderhoek746@schools.sa.edu.au & tammy.scott610@schools.sa.edu.au

Please include EDSAS attendance and behaviour management data for the previous 12 months
If documents are of a sensitive nature, please indicate on the form or notify us

Completion of this form does not guarantee a place in Integrate, potential student information will be considered by a selection panel, which will ensure students meet the selection criteria and have best fit for the program and its outcomes.

Student may undergo a 4 week trial before enrolment, this is to ensure the student will attend the school regularly and is willing to commit to the school programs and the school code of conduct.

BBCS will charge the school of origin four TRT days to support student induction and transition TRT days invoiced to the enrolled school will be charged on a pro-rata basis if the transition is not successful for whatever reason.

I _____ (Principal or delegate of enrolled school) acknowledge the above information.

_____ (signature)

_____ (date)

Please note this electronic form contains drop down menus and free text areas. To access drop down menus, double click on the grey areas and select response. Free text areas can be typed into as indicated.

Please direct enquires to Lee Van Der Hoek, through Bowden Brompton Community School: (08) 8285 3109

Completed by: _____
Date: _____

Integrate



Government of South Australia
Department for Education

Potential Student Information

SCHOOL CONTACT		
Current School:	Contact:	Ph:
Partnership:	Role :	Email/FAX:

STUDENT INFORMATION									
Name:			M/F/Other:						
DOB:			Age:	Year level:					
PH :									
Address:									
EDID:		Priority	Child in care <input type="checkbox"/>	ATSI <input type="checkbox"/>	DCP <input type="checkbox"/>	Mental Health <input type="checkbox"/>			
STUDENT NEEDS									
IESP Category			IESP review date						
IESP Level									
NCCD category	Physical <input type="checkbox"/>	Cognitive <input type="checkbox"/>	Sensory <input type="checkbox"/>	Social and Emotional <input type="checkbox"/>	NCCD level of adjustment	QDTP <input type="checkbox"/>	Supplementary <input type="checkbox"/>	Substantial <input type="checkbox"/>	Extensive <input type="checkbox"/>
OCOP	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Adjustments to achievement standards	English		Maths	
Current NDIS funding	Yes <input type="checkbox"/>		No <input type="checkbox"/>						

PARENT CAREGIVER DETAILS		
	M H W	Address: Post Code:
Relationship:		
	M H W	Address :
Relationship:		

ADDITIONAL EMERGENCY CONTACTS		
Name:	M:	Relationship:
Name:	M:	Relationship:

SUPPORT AND SERVICES DETAILS			
Behaviour Coach:	Name:	Phone:	Email:
Special education	Name:	Phone:	Email:
Social work – truancy	Name:	Phone:	Email:
Psychologist	Name:	Phone:	Email:
Aboriginal engagement officers	Name:	Phone:	Email:
ENU	Name:	Phone:	Email:

CURRICULUM				
Overall Pattern of Achievement				
Recent Grades (Term/Semester) In particular English and Maths				
Literacy & Numeracy				
Recent NAPLAN Reading	<input type="checkbox"/> Below	<input type="checkbox"/> Level With	<input type="checkbox"/> Above Benchmark	
Recent NAPLAN Writing	<input type="checkbox"/> Below	<input type="checkbox"/> Level With	<input type="checkbox"/> Above Benchmark	
Recent NAPLAN Language convection	<input type="checkbox"/> Below	<input type="checkbox"/> Level With	<input type="checkbox"/> Above Benchmark	
Recent NAPLAN Maths	<input type="checkbox"/> Below	<input type="checkbox"/> Level With	<input type="checkbox"/> Above Benchmark	
Recent PAT Maths	Test number		Scale score	
Recent PAT Reading	Test number		Scale score	
Comment on strengths and areas for development				
Other Levels in Literacy and Numeracy determined through and other relevant testing by school of guidance officer				

POSITIVES / ACADEMIC STRENGTHS/ CHARCATER STRENGTHS HOBBIES / FAVOURITE SUBJECT

BRIEF CASE HISTORY (including barriers to learning)

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OUT OF SCHOOL AGENCIES INVOLVED

AGENT/ SERVICE	CONTACT	COMMENTS/ ASSESSMENT REPORTS AVAILABLE
<input type="checkbox"/> CAMHNS		
<input type="checkbox"/> Families SA		
<input type="checkbox"/> Autism SA		
<input type="checkbox"/> Hospitals		
<input type="checkbox"/> Psychiatrist / Psychologist		
<input type="checkbox"/> Physiotherapist		
<input type="checkbox"/> Counsellor		
<input type="checkbox"/> Speech Pathology		
<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Mentor		
<input type="checkbox"/> Other		

MEDICAL, PSYCHIATRIC OR PHYSICAL CONDITIONS:

CONDIITON	MEDICATION	DR OR PSYCH
Is there a current Health Care Plan?	No <input type="checkbox"/> / Yes <input type="checkbox"/> Date:	

PREVIOUS SCHOOLS ATTENDED (Last 2 years)		
SCHOOL	DATE	
EXCLUSIONS / SUSPENSIONS		
DATE	REASON	PLACEMENT

ESSENTIAL BEHAVIOUR ISSUES					
Please indicate the behaviours of the student and describe them in order of concern					
Attendance	Number of days absent in the last 12 months:				
Comment:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Peers:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Teachers:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Emotions/ Social Issues:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Verbal Aggression:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Physical Aggression:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Medication:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Illicit Drugs/ Substance Abuse:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Police Issues / Legal Obligations:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A

ADDITIONAL BEHAVIOUR ISSUES**Depression:**

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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Self-Injurious Behaviour / Suicidal Ideation:

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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Domestic Violence:

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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Absconding:

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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Bizarre or Unusual Behaviour:

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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Agitation / Anxiety:

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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Moods:

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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Other:

<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
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ADDITIONAL COMMENTS**PARENT / CARER COMMENTS**