

The Conductive Education service offers direct student support, presentations, consultations, and outreach upon request.

Type of request

- Pre-referral conversation / Family consult
- Professional development/General advice

School/Education Office:

Partnership:

Telephone:

Contact Person:

Role:

Email:

Describe the nature of the request.

Student/Family Details *(pre-referral/direct support)*

Parent/Carer name:

Telephone:

Email:

Child/Student name:

Who else will attend? *(eg. child, teacher, therapist)*

Child/Student information

Provide relevant background information to assist in planning for this consultation.

No. of Participants involved:

Teacher	SSO/ECW
Leadership	Parent/Carers
SSS	Student

Preferred Date:

Time and hours required:

Preferred venue/location:

Consent

Has the family been advised of this consult?

Has authorisation been received to release and exchange information with the Dept for Education?

Referrer name:

Signature:

Date:

Office Use Only		
Approved no / yes	Actioned by _____	Date _____
Comments		

