

Reason for referral	☐ Early Intervention ☐ Behaviour Concerns ☐ Excluded ☐ Non-enrolled ☐ Whānau Request			Date of referral:	
Referral Person:			Email:		
Organisation:			Position		
Phone:		EXT:		Mobile Phone:	

Enrolling School (or last enrolling school)	Dual Enrolment (Student will stay enrolled with current school)
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Student's Name:			School Yr:		NSN:	
Preferred Name:			Gender:			
Date of Birth:			Ethnicity/s:			
Iwi / Hapu:			Village Affiliations:			
Residency or Citizenship	Yes	No	Language(s) at home			
Address:						

Parent / Caregiver 1		Parent / Caregiver 2		Emergency Contact	
Name:		Name:		Name:	
Relationship:		Relationship:		Relationship:	
Lives with Student		Lives with Student		Lives with Student	
Occupation:		Occupation:		Occupation:	
Phone:		Phone:		Phone:	
Email:		Email:		Email:	

ĀKONGA / WHĀNAU / FAMILY AGREED TO A REQUEST FOR SUPPORT

Whānau / Family agreed for information can be shared to support Collaboration Action Plan	YES	NO
Ākonga (student) has agreed to a Request for Support	YES	NO

Request for Support
(You can Tick More than One Box)

- ☐ Attendance Service Attached (Chronic Absences) or Non Enrolled
- ☐ Emotional Regulation and includes Wellbeing Needs
- ☐ Learning Levels below chronological age
- ☐ Neurodiversity Needs
- ☐ Disengaged from learning and refusing to attend a school setting
- ☐ Large school environment impacting on engagement
- ☐ Several incidences leading to multiply detentions that are not being completed
- ☐ Has had Stand-Downs this year and likely to end up being suspended
- ☐ Risky behaviour in school and/or outside school setting
- ☐ Several professionals attached and includes either Educational Services, Police, Oranga Tamariki or Health

Data Needed To Support Collaboration Action Plan
(School and /or MoE requesting support please attach the data to your Request for Support)

- Attendance Records
- Literacy / Numeracy Assessment Details
- Pastoral Care Reports and most recent School Report
- Assisted Learning Support Details
- RTLB (or MoE Learning Support) Individual Education Plan

For School or, MoE Referring Person to Complete

IRF (INTERIM RESPONSE FUND)

Has IRF been applied for?

YES

NO

Enrolling School can apply for IRF to support ākonga transition into ACES AE?
(MAGS will invoice the School for AE to access to utilise IRF funding)

YES

NO

RTLB and/or MoE Learning Support

Has a referral to a RTLB person been made?

YES

NO

Has a referral been made to MoE Learning Support?

YES

NO

Is there MoE Learning Support funding attached to the student for a Teacher Aide?

YES

NO

Can ACES AE access funding attached to the student for a Teacher Aide?
(MAGS will invoice the School for AE to access to set in place TA support)

YES

NO

Key Person Contact Details

Support Services currently involved (e.g. Health, OT, Police, Youth Aide, Mentor)

Name:

Agency:

Email:

Phone:

Name:

Agency:

Email:

Phone:

Name:

Agency:

Email:

Phone:

Name:

Agency:

Email:

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Agency:

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Name:

Agency:

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