BOURKE HIGH SCHOOL
Learning Support Team Referral

STUDENT NAME:______________________  Referred by:______________________

Year_________________________ Date of Birth:______________ Date:___/___/____

Supervising Head Teacher________________________ Date:___/___/____

1. Briefly describe the student’s current level of functioning in –

Academic

________________________________________________________________________

Communication Skills

________________________________________________________________________

Social Skills

________________________________________________________________________

Self Management/Control

________________________________________________________________________

Engagement in class

________________________________________________________________________

2. Describe and comment on the outcomes of classroom based interventions/strategies that you have used with this student (include the length of each intervention/strategy).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What behaviour/concern do you propose being addressed by LST

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Any further comments

________________________________________________________________________

________________________________________________________________________
BOURKE HIGH SCHOOL
Learning Support Team
Action Plan

STUDENT NAME: ____________________  Referred by: ________________
Year ___________ Date of Birth: ___________
Date: ________________

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Actions Completed

LST Coordinator signature ________________  Date __/__/____