

Resource Teacher: Literacy Service

Dunedin Cluster

INDIVIDUAL REFERRAL FORM - To be filled in by class teacher

Date: ____ / ____ /20__

Student:	School:	School MOE number:
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NSN	M/F	Ethnicity	D.O.B	Age: Year/ Month	Year Level	1st Language

Referral focus: Reading [<input type="checkbox"/>] Spelling [<input type="checkbox"/>] Other [<input type="checkbox"/>] _____				
Reading	Stage or reading level	Accuracy	Comprehension	At/below/well below
Spelling Programme:				
Phonics programme:				
What instructional approach does your class currently follow?				

	Previous or current interventions		
Date	Support e.g, SLT, RTLB, T.A,	Programme detail – The Code,	Success of current/pending programme

Attendance: very good good poor Health issues:

Other:

Criteria for referral:

- The RT:Literacy may work within the class programme
- The class teacher will be available to meet for intervention discussion

The following people have been notified of this referral:

Position	Name	Email
Principal		
eg SENCO, Team Leader		
Parent/caregiver		

PLEASE: Ensure all required information is included and attached before emailing to RT:Literacy

[☐] **Phonics assessment** [☐] **Writing sample** [☐] **Spelling** [☐] **Reading record**

Class Teacher:

Email:

Cell:

Room:

Date:

Please note: Due to caseload constraints referrals may be prioritised for acceptance on to the RT: Literacy roll

Forms to be emailed to:

RT: Literacy: Sue McMillan suem@arthurst.school.nz Dawn Cousins dawnc@arthurst.school.nz

