



SIDE K-12 REFERRAL PROGRAM

Treating Professional Information Form

Who should complete this form?

This form should be completed by a treating professional who has sufficient knowledge of the applicants' current condition, treatment and functioning to provide the information requested.

The form will take approximately 15-20 minutes to complete. The information provided will assist SIDE in considering the applicant and planning of appropriate supports where required.

**PLEASE COMPLETE
ALL SECTIONS.**

Some text fields have character limits. If additional space is required, please use the blank pages at the end of the form.

About the Referral Program

SIDE's Referral Program provides short-term access to mainstream online education for students whose school attendance has been significantly impacted by severe or chronic health conditions, severe and ongoing mental health challenges, pregnancy or other special circumstances considered through the relevant Department of Education processes. The program enables students to continue their education online during this period, while working with their current school to plan for their return to school or another educational pathway.

Referral Program students learn from home through SIDE's online learning model. SIDE's Primary and Secondary schools have different learning expectations and levels of independence. A HOME tutor or HOME supervisor (i.e., parent/guardian/primary carer) must be available each school day to provide supervision, duty of care and support for learning.

Referral Program enrolment is designed as a short-term educational placement. SIDE enrolments are reviewed annually, and all enrolments conclude at the end of the academic year. Eligibility criteria require students to have established engagement in ongoing and regular treatment or intervention related to the circumstances affecting their school attendance.

The information you provide will help SIDE understand the applicants' current health or clinical circumstances, how these are affecting their attendance and participation, and any factors relevant to accessing education through SIDE. This information is considered alongside other information provided through the application process as part of SIDE's consideration of the applicants' application.

SECTION 1

Treating Professional and Student Details

Treating professional

Name:

Organisation:

Title/role:

Contact details:

Student

Name:

Current school:

DOB:

Year level:

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SECTION 2

Clinical Context



Please provide information about the applicants' current clinical circumstances, treatment and functioning, including how these affect their school attendance and engagement.

2.1 Primary circumstances relevant to application:

- ☐ Severe mental health condition
- ☐ Severe medical condition

2.2 Current diagnosis or health condition relevant to application:

MAXIMUM 1000
CHARACTERS ▶

2.3 Current treatment

- ☐ Ongoing
- ☐ Not currently engaged
- ☐ Under review
- ☐ Concluding

2.4 Current frequency

- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly
- ☐ Other:

Length of involvement:

2.5 To what extent is the applicants' current condition affecting their ability to attend face-to-face schooling?

- ☐ Unable to attend currently
- ☐ Attendance is significantly reduced or inconsistent
- ☐ Able to attend, but unable to sustain usual attendance
- ☐ Minimal/no current impact
- ☐ Unsure

2.6 What factors are contributing to the applicants' difficulty attending or participating in face-to-face schooling? *Select all that apply.*

- ☐ Fatigue or reduced stamina
- ☐ Pain or other physical symptoms
- ☐ Difficulty concentrating or sustaining attention
- ☐ Anxiety, distress or difficulty managing emotions at school
- ☐ Difficulty managing social interactions or the school environment
- ☐ Physical or mobility limitations
- ☐ Treatment or appointments affecting attendance
- ☐ Medication or treatment side effects
- ☐ Sleep difficulties affecting school attendance or participation
- ☐ Other:

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SECTION 2

Clinical Context (continued)

Please briefly describe how the condition is currently affecting the applicants' attendance and engagement:

MAXIMUM 1000
CHARACTERS ▶

- 2.7 Are you aware of any additional needs, separate from the condition relevant to this application, that may affect the applicants' ability to access learning? For example, learning or cognitive difficulties, developmental needs, communication or language difficulties, sensory needs, or physical disability.**

☐ Yes ☐ No ☐ Unsure If yes, please briefly describe the need and any impact on learning:

MAXIMUM 2000
CHARACTERS ▶

SECTION 3

Clinical Considerations for Online Education

SIDE's Referral Program provides short term access to education through an online learning model. This section seeks your clinical perspective on the proposed use of online education in the context of the applicants' current health, treatment and functioning.

3 From your clinical perspective, do you support the applicant accessing SIDE's Referral Program at this time?

- ☐ Yes
- ☐ Yes, subject to the clinical considerations identified in this form
- ☐ Unable to determine at this time
- ☐ No, not clinically supported at this time

Please briefly describe any clinical considerations relevant to your response:

MAXIMUM 2500
CHARACTERS ▶

SECTION 4

Expected Duration and Transition

Referral Program is designed for short term access. Please provide your clinical perspective on the likely duration of the circumstances affecting the applicants' school attendance and any clinical factors relevant to transition planning.

4.1 Based on the information currently available, how long do you expect the applicants' circumstances to significantly affect their ability to attend face-to-face schooling

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ More than 6 months
- ☐ Unable to estimate

4.2 To your knowledge, what is the applicants anticipated educational pathway?

- ☐ Gradual re-engagement with current school
- ☐ Return to current school
- ☐ Transition to another school
- ☐ Transition to another education or training pathway
- ☐ Continue online learning
- ☐ Other educational arrangement:
- ☐ Pathway not yet established
- ☐ Unable to comment

4.3 Are there any clinical factors that may be relevant to the timing or planning of the applicants return to school or transition to another educational pathway?

- ☐ No
- ☐ Yes
- ☐ Unable to comment

If yes, please briefly describe:

MAXIMUM 2000
CHARACTERS ▶

SECTION 5

Participation in SIDE's Online Learning Model

SIDE delivers teaching and learning online through scheduled lessons and Moodle learning activities. Learning and engagement expectations differ between Primary and Secondary school, particularly regarding independence. Please respond based on your knowledge of the applicants current functioning. Where you are unable to comment on an aspect of educational functioning, please indicate this.

5.1 Have you discussed the proposed SIDE application with the applicant?

- ☐ Yes
☐ No
☐ Not possible / not appropriate at this time

If relevant, you may note any information from this discussion that SIDE should be aware of:

MAXIMUM 1000
CHARACTERS ▶

5.2 Based on your knowledge of the applicants; current health and functioning, please indicate whether any of the following are likely to require support of adjustment for the student to participate in online learning:

	No additional support identified	Support or adjustment may be required	Likely to significantly limit participation	Unable to comment
Attending and participating in scheduled online lessons	☐	☐	☐	☐
Establishing and following a learning routine	☐	☐	☐	☐
Getting started on and remaining engaged with learning activities	☐	☐	☐	☐
Organising and working through learning activities independently between lessons	☐	☐	☐	☐
Communicating with teachers during online lessons	☐	☐	☐	☐
Seeking help when stuck or experiencing difficulty	☐	☐	☐	☐
Manage changes, frustration or difficulty appropriately and continue or return to learning	☐	☐	☐	☐

SECTION 5

Participation in SIDE's Online Learning Model (continued)



5.3 To your knowledge, does the applicant currently receive or rely on regular individual adult support to participate in learning?

☐ Yes ☐ No ☐ Unable to comment

If yes, please briefly describe the type of support typically required (for example, prompting, task organisation, redirection, communication support or co-regulation):

MAXIMUM 1000
CHARACTERS ▶

5.4 Are there any current health or clinical factors that may affect the applicants use of a computer, screen, headset, webcam or audio for learning?

☐ Yes ☐ No ☐ Unable to comment

If yes, please describe the impact and any relevant considerations:

MAXIMUM 1000
CHARACTERS ▶

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SECTION 5

Participation in SIDE's Online Learning Model (continued)

5.a Primary Students

Primary students participate in learning with support from their SIDE Tutor.

For Primary students, are there any aspects of the applicants' current health or functioning that may affect the type or level of adult support they require to participate in learning?

- ☐ Yes
- ☐ No
- ☐ Unable to comment
- ☐ Not applicable

If yes, please describe:

MAXIMUM 1200
CHARACTERS ▶

5.b Secondary Students

Secondary students are expected to participate with increasing independence, including scheduled online lessons and independent Moodle learning activities. A HOME Supervisor provides duty of care and administrative support.

For Secondary students, are there any aspects of the applicant's current health or functioning that may affect their ability to organise, commence and work through learning activities independently between scheduled lessons?

- ☐ No additional considerations identified
- ☐ Yes
- ☐ Unable to comment
- ☐ Not applicable

If yes, please describe:

MAXIMUM 1200
CHARACTERS ▶

SECTION 6

Health and Safety Planning



Please identify any current health or safety considerations relevant to the applicants' participation in online education, including any planning or response arrangements SIDE may need to be aware of.

6.1 Are any of the following currently relevant to the applicant?

- ☐ Medical condition requiring a response or management plan
- ☐ Medication or treatment required during the school day
- ☐ Current concerns relating to suicidal behaviour
- ☐ Current concerns relating to self-harm
- ☐ Current concerns relating to risk of harm to others
- ☐ Other health or safety considerations:
- ☐ None identified

Please provide information relevant to the applicants' participation in education and any current management, treatment or safety planning:

MAXIMUM 1000
CHARACTERS ▶

6.2 Is there a current medical management, emergency response or safety plan relevant to the applicants' participation in education?

- ☐ Yes ☐ No ☐ Unable to comment

If yes, please provide relevant details and attach a copy of the current plan where appropriate and available:

MAXIMUM 1000
CHARACTERS ▶

6.3 Are there any signs, changes in functioning or situations that SIDE staff should be aware of during online learning?

- ☐ Yes ☐ No ☐ Unable to comment

If yes, please describe what staff may observe and any recommended response:

MAXIMUM 1000
CHARACTERS ▶

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SECTION 6

Health and Safety Planning (continued)



6.4 Are other services or professionals currently involved in supporting or managing any of the health or safety considerations identified above?

☐ Yes ☐ No ☐ Unable to comment

If yes, please provide relevant details:

MAXIMUM 1000
CHARACTERS ▶

6.5 From your clinical perspective, is any additional health or safety planning required to support the applicants' participation in online education?

- ☐ No additional planning identified
- ☐ Participation may require additional health or safety planning
- ☐ Further planning is recommended before the student commences
- ☐ Unable to comment

Please provide details or recommendations where relevant:

MAXIMUM 1000
CHARACTERS ▶

NEXT PAGE ▶

SECTION 7

Clinical Recommendations



- 7.1** To your knowledge, are there any strategies, support or adjustments that have previously been effective in supporting the applicants' participation in education or learning? If yes, please briefly describe what has been helpful:

MAXIMUM 2000
CHARACTERS ▶

- 7.2** Are there any adjustments or other considerations you recommend SIDE consider to support the applicants participation in online education? If yes, please describe any recommendations relevant to the student's current health, treatment or functioning. This may include considerations relating to lesson scheduling, workload, breaks or rest periods, communication, fatigue or stamina, treatment commitments, participation during periods of reduced functioning, or other relevant factors.

MAXIMUM 2000
CHARACTERS ▶

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TREATING PROFESSIONAL INFORMATION FORM

SIDE K–12 Referral Program

SECTION 8

Student Introduction Profile Information



If the applicant commences the Referral Program, this information will help SIDE staff understand the applicant and how best to support their participation in online learning. Please complete where known.

- 8.1** What factors support this applicant's emotional safety and regulation in online or low contact learning environments?

MAXIMUM 2000
CHARACTERS ▶

- 8.2** What aspects of online learning may increase distress for this student?

MAXIMUM 2000
CHARACTERS ▶

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SECTION 8

Student Introduction Profile Information (continued)

- 8.3** What practical strategies can school staff use to support this student if they become distressed during online lessons?

MAXIMUM 2000
CHARACTERS ▶

SECTION 9

Treating Professional Declaration

I confirm that the information provided in this form is accurate to the best of my knowledge and is based on my current professional involvement with the student.

I understand that the information provided will be considered by SIDE as part of the student's Referral Program application and, if the student commences the program, may also inform educational planning and support.

I consent to SIDE contacting me to clarify information provided in this form, where required.

Treating professional name:

Profession / role:

Organisation / service:

Professional registration number (if applicable):

Phone:

Email:

Signature:

Date:

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TREATING PROFESSIONAL INFORMATION FORM

SIDE K–12 Referral Program

Additional Notes

Please include question number.

MAXIMUM 5000
CHARACTERS ▶

*For information on the
Treating Professional
Declaration, refer to
Section 9 (page 13)
of this form.*

Signature:

Date:

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TREATING PROFESSIONAL INFORMATION FORM

SIDE K–12 Referral Program

Additional Notes

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MAXIMUM 5000
CHARACTERS ▶

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