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***2019 Application Pack***

***Return to School Centre***

***Evans High School***

*Return to School Centres* are designed as an intervention for students who are on long suspension and have been identified by their school as being likely to benefit from a structured program to assist their successful return to schooling as soon as possible. As part of the suspension procedure, the school applies for the student to attend to centre for the duration of the suspension (maximum of 20 days).

The Return to School Centre at Evans High School runs from 9:30am to 11:30am each school day. To apply for a placement schools will need to email:

* the completed student profile
* copy of notification of suspension to regional office or a copy of the suspension letter to parent/carer
* copy of the student’s Risk Management Plan
* an overview of the incidents leading up to the suspensions with as much detail as possible

Please forward the applications to Evans-RSC@det.nsw.edu.au.

Once the application has been reviewed the decision is intimated to the school. If a placement is offered, the school hosts an Entry Meeting which is attended by a member of the exec, the parent/caregiver, the student and a mentor for the student (if the school already has someone in mind). Upon the student's return to school, the mentor assists them in practicing the strategies that we have developed and monitors their progress at school.

If you need any further information, feel free to contact us on 02 9621 3622.

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***Return to School Centre***

**Student Profile**

***Student Details***

|  |  |
| --- | --- |
| **Student Name:**  | **Date of Birth:**  |
| **Gender:** | **ATSI:**  |
| **School:**  | **Year:**  |
| **Year Adviser:** | **Mentor Teacher:**  |
| **Parent/Carer:**  | **Phone Number:**  |
| **Date of Suspension** | **Date of Resolution Meeting (if known):**  |
| **Rason for suspension (briefly explain the incident(s) leading up to the suspension** |

***Educational History***

|  |  |
| --- | --- |
| YEAR | RELEVANT INFORMATION |
| 2018 |  |
| 2017 |  |

***Strategies and interventions at school*** (identify strategies and interventions that have already been implemented in the management of this student)

|  |  |
| --- | --- |
| **Strategies** | **Comment** |
|  Risk assessment/management  plan  |  |
|  Individual Management Plan |  |
|  Behaviour monitoring sheet | . |
|  Attendance contract |  |
|  Supported Work Program |  |
|  Behaviour Team Intervention |  |
|  Special Placement |  |
|  School Counsellor Intervention |  |
|  Learning Support Team  Intervention |  |
|  Other programs (please  describe) |  |
|  Other eg outside agencies... |  |

***Strengths and Abilities*** (briefly describe in these areas)

|  |  |
| --- | --- |
| **LITERACY** |  |
| **NUMERACY** |  |
| **SOCIAL/EMOTIONAL** |  |
| **BEHAVIOURAL** |  |
| **STRENGTHS/INTERESTS** |  |

**CHECKLIST:**

❑ Completed cover page and student profile

❑ Copy of Suspension letter to parent/carer or copy of notification to regional office

❑ Copy of the student’s Risk Management Plan

❑ Parental permission gained (verbal is OK. Note can be signed at the time of the Entry Meeting)

❑ List of incidences leading up to the suspension (eg Sentral entries)

**WESTERN SYDNEY REGION**

**Return to School Centres**

 Chifley College Bidwill Campus

Bunya Road Bidwill 2770

Ph: 98351870/96282222

Fax: 98351870

Evans High School

Walters Road, Blacktown 2148

Phone 02 96213622

Fax 02 98312747

**Parent/Carer Permission Note**

**Student Name:**

**School:**

**Parent/ Carer** **Name:**

**Address:**

**Home Phone:**

**Mobile:**

**Work:**

**Emergency Contact:**

I understand my son or daughter has been suspended from school.

1. While under suspension, I am responsible for the care and safety of my son or daughter.
2. He or she will travel to and from the ***Return to School Centre*** located at .
3. Full school uniform will be worn when attending the program.
4. He or she will be attending the program from 9:30am until 11:30am as negotiated until the end of the suspension.
5. He or she will work with the Head Teacher *Return to School Centre* to determine strategies for coping successfully in the school environment.
6. He or she will return home after 11:30am.
7. If my child’s behaviour is unacceptable I understand that he/she will be sent home. I will arrange for a responsible adult to collect my child and return them home. **If this is not able to be achieved I understand that my child’s school will be contacted to arrange for my child to be returned home.**

**I have read and understand the information above.**

I give permission for my son or daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the *Return to School Centre*, offered at , for the duration of his or her suspension.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Caregiver)