Section Three - Multiple barriers

To be completed by a referrer

Multiple barriers to achieving education

This section must be completed by/with a relevant referrer(s). A referrer may be from any of the following agencies:

- Special Education, Ministry of Education
- Child, Youth and Family
- Health provider
- Current school
- Social service provider
  (e.g. a local iwi, church pastor, Salvation Army advocate)
- Youth Aid, NZ Police

Please describe in the areas below how the student's educational success is being affected by the following barriers:

(a) participation at school
(b) relationships
(c) behavioural issues
(d) educational achievement
(e) home environment.

Please use these barrier headings if you need to attach additional information to your application.

Participation

Comment on the student's willingness and ability to participate alongside their peers in all aspects of their school life and on how the current school has addressed any barriers to their participation.

Relationships

Comment on the student's relationships with peers, school staff and family/whānau.

Behaviour

Comment on the student's behaviour both physically and emotionally towards themselves and others at school and in the home.

Achievement

Comment on the student's learning and achievement. Particularly in areas of literacy and numeracy. (Has the students current school adapted their teaching to meet the student's needs?)

Environment

Comment on the student's home and school environment.

- Describe any issues in the home or school environment that could be having a physical or psychological impact on the student and their wellbeing.
- Describe the family and community support available, and other agencies involved. (Special Education, Ministry of Education, Child, Youth and Family, Health provider, Social Services provider (e.g. local iwi, church pastor, Salvation Army, Youth Aid, NZ Police.)

Other

Comment on any other barriers to accessing local education relating to the student or their family/ whānau.

Referrer details

Name

Email address

Agency

Signature

Date