

LEARNING ASSISTANCE PROGRAMME STUDENT REFERRAL FORM

NAME OF STUDENT _____

YEAR LEVEL _____ HOME GROUP _____

ANY STUDENT WHO WOULD BENEFIT FROM 1-1 TIME WITH A CARING VOLUNTEER IS WELCOME IN THE LAP PROGRAMME

AREAS OF NEED INCLUDE: Self-esteem and confidence building
Social and emotional support
Academic extension or support

REASON FOR REFERRAL _____

PLEASE INDICATE YOUR PREFERRED TIMES FOR THE STUDENT TO ATTEND LAP. A RANGE OF TIMES WOULD ASSIST US IN THE MATCHING PROCESS.

DAYS OF THE WEEK

SESSIONS (Please list)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

NUMBER OF SESSIONS

ONE _____ TWO _____

ADDITIONAL INFORMATION which may assist in matching this student with a volunteer:

Student receiving Special Education Support _____

Psychological Test available _____

Special interests of student _____

Personality _____

LAP OFFICE USE ONLY:

Student placement accepted

_____ Principal _____ LAP Coordinator

Penny Penhall
LAP Consultant
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