

LEARNING SUPPORT TEAM

REFERRAL

EXCEPTIONAL CIRCUMSTANCES REGARDING CLASS PLACEMENT 2019	
Child's name:	
Current class:	
Parent / carer request as to special circumstances around placement considerations for 2019:	
Parent name :	
Phone contact detail :	Date :
School use: CLASSROOM TEACHERS/S CONSULTED:	
LEARNING SUPPORT TEAM DECISION:	
LST sign off:	Date:

Please return via the school office or email to school email account forestvill-p.school@det.nsw.edu.au marked Att: L Wellings

