



Initial Contact Information

Freephone: 0800 524 842

Date: _____		Venue: _____	
Attendees: _____ (All present at the meeting)			
Child Details			
Name: _____		DOB: _____	
Ethnicity: _____		Iwi: _____	
Home Address: _____		M/F: _____	
School / Kura / ECE: _____		NSN: _____	
Parent/Legal Guardian Details		Phone: _____	
Name: _____		Email: _____	
Relationship to child: _____			
Referrer/Whānau Details (if not the parent/legal guardian)			
Name: _____		Phone: _____	
Role: _____		Email: _____	

Parent/Legal Guardian Consent

- ☐ I/we give consent for this information to be collected for the purpose of providing services, and if further service is required, for a Request for Support to be made to the Ministry of Education Learning Support and/or the Resource Teacher of Learning & Behaviour (RTLB) service, and for the service provider to consult with the appropriate school/kura/early childhood centre for the purpose of providing service.

If not the parent/legal guardian:

- ☐ I/we verify that verbal consent of the parent/legal guardian has been obtained for the above.

Name of parent/legal guardian providing verbal consent: _____

Signed: _____ (parent/legal guardian)

Date: _____

Signed: _____ (referrer)

Date: _____

Actions – What happens next?	Who	When

Privacy Statement

All information will be treated as private and confidential under Principle 3 (1) of the Privacy Act 2020. Ministry of Education Learning Support and the RTLB Service collect personal information about children and young people to support their learning and ensure that effective services are provided. Personal information is also used for quality assurance purposes to improve the quality of services provided, and for associated administrative and accountability purposes. It may also be used for statistical purposes in a way that will not identify the individual.

It is voluntary to provide information, but not doing so may limit the provision of service.

The information is held in a secure electronic storage facility or sometimes paper files at our local offices. Information may be shared with other agencies where necessary for the provision of services, or as authorised or required by law.

Whakawhanaungatanga

Build connections ~ Listen and Share ~ Clarify what matters



Initial Contact Information



Support Needs (These questions are a guide only)

- How can we help you today?
- What are your **concerns**?
How long have you been concerned?
- What **impact** does this have?
(school/kura/ECE/home)
- What are their **strengths and interests**? When do things go well for them?
- Is **anyone else** / other services involved in supporting you? In the past?
- What else have you tried?
- Is there anything else we need to know?

For Te Manawa Tahi Facilitator / Practitioner to complete

(Bus Support: If RTLb only – load as A & G close)

MOE Support for: (tick one)

☐ Behaviour ☐ Communication ☐ Early Intervention ☐ Other

To close? ☐

(tick if no further action is required by MOE)

RTLb Support for: (tick all that apply)

☐ Behaviour ☐ Learning

ICI completed by:

(Please note name, role and email address)

Service Manager: _____

RTLb Facilitator: _____

Te Manawa Tahi Facilitator/Practitioner: Please scan and send the fully completed form to the following email addresses:

ALL forms to: TT.Support@education.govt.nz

All Cluster 1 forms to: LS.Facilitator@farnorthrtlbc.co.nz

All Cluster 2 forms to: LS.Facilitator@rtlbc.school.nz