



Fresh Start Return to School Program - Carinya Campus Principal Checklist

Please complete this checklist with your Fresh Start Principal Representative (FSPR) over the phone, then the FSPR will email this to their Learning and Wellbeing Advisor.

Student: _____ School: _____ Date: _____ Principal: _____

Reason for Suspension:

- | | |
|--|-------|
| • Is the student likely to return to your school after the suspension? | Y / N |
| • Is the student likely to attend the program regularly? | Y/ N |
| • Are the parents/ carers supportive of a referral to the program? | Y/ N |
| • Has the school suspension report been completed? | Y/ N |
| • Has the school counsellor suspension report been completed? | Y/ N |
| • Are there any risks or behaviours that will need to be managed? | Y / N |

Describe: _____

- | | |
|---|-------|
| • Has the school identified a member of the learning support/wellbeing team to support the student while at the Supported Return to School Program and following the student's return to school? Who? _____ | Y / N |
| • Is an earlier resolution to the suspension possible? | Y / N |
| • Will the school counsellor be available to support the student while at Fresh Start and following their return? | Y / N |
| • Are the parents/caregivers and student willing to attend a placement interview at the Fresh Start RSP? | |
| • Is the school willing to consult with 'Team around a School' for ongoing support for the student's return? | Y/N |
| • Has a study program been put in place for the student? | Y/N |
| • Who will be managing the program at the school? _____ | Y/N |

School to complete referral and forward to LWA

ENDORSED FOR REFERRAL

Network Supervising Principal Fresh Start RSP

Name: _____ Signature: _____ Date: _____

Endorsed by: Network LWA

Name: _____ Signature: _____ Date: _____