

Form 1: Referral to Bilingual Assessment Service



Go to [education.govt.nz](https://www.education.govt.nz) for details of supporting information required for this application. You will need to gather this information over a period of time, through observation and consultation. This information will need to be attached to your referral.

School to complete and submit to liaison RTLB

School information

School name	School number	
Name (of person referring from school)	Position	
Email	Phone	
Referred to (name of cluster RTLB liaison)	Date	DD/MM/YYYY
	/ /	

Student information

Student name	NSN
Date of birth	Country of birth
/ / DD/MM/YYYY	
Date of entry to New Zealand	First language
/ / DD/MM/YYYY	
Background (select one)	Gender
Refugee Migrant	Male Female Other
Length of time in current school	Year

Brief list of concerns: academic/social (with supporting information attached)

Checklist

The student has been observed over a period of time, and evidence to support the referral is attached.

I have consulted other staff, including ESOL teachers, classroom teachers, guidance staff, dean, bilingual tutors, SENCO and learning needs coordinator.

I believe that the student demonstrates a cluster of factors, as identified on the Ministry's website.

Evidence has been gathered through observations over a period of time as well as formal and informal assessments (evidence provided). Progress to date and strengths have also been identified.

Any physical disabilities have been identified and noted (such as sight, hearing, other known conditions).

Support options and interventions provided so far are clearly listed (such as ESOL provision hours with teacher and/or teacher's aide, level of support in the mainstream, bilingual support, other assistance, access to individual learning and computer-based learning, design of school-based individual learning plan).

Social interactions are briefly described.

I have explained our concerns to the student's family.

The student's family have contributed perspectives (if possible).

Declaration

I/we authorise the RTLB assessor to work with

Name

and to gather and share information as needed to support them.

Parent's signature

/ /
Date

DD/MM/YYYY

Principal's signature

/ /
Date

DD/MM/YYYY