

This form needs to be filled in by caseworkers (DCJ and NGO) <u>only once</u>, when a child or young person: is:

- Already in statutory out-of-home care (OOHC) and about to start school or
- Attending preschool or school and enters statutory OOHC for the first time.

For any other change of circumstance, please complete the change of details advice form

### What is the Notice to School Process?

Caseworkers are required to complete this Notice to School form **within 14 days** of a child/young person entering OOHC to advise that the child/young person named below is under the parental responsibility of the Minister for Department of Communities and Justice (DCJ) pursuant to the Children and Young Persons (Care and Protection) Act 1998 ("the Act").

This Notice triggers the OOHC Education Pathway, which requires a collaborative Personalised Learning and Support Planning Process to be implemented. This planning process should commence within 30 days of the school receiving this Notice and should involve the carer, caseworker, school staff and student (as appropriate).

### **Sharing information**

Under Chapter 16A of the Act, information provided by agencies in this Notice and at the planning meeting should be used for the reasons associated with the education, safety, welfare or wellbeing of the child/young person to whom it relates. Any information provided in this Notice and throughout the planning process that does not relate to the education, safety, welfare or wellbeing of the child/young person should remain strictly confidential.

If the child/young person has any significant past and emerging issues or risks that may affect their safety, welfare and wellbeing that the school needs to be aware of (in the 30 days prior to the PLaSP meeting), such as self-harm, suicidal ideation, bullying, recent traumatic events, you should advise the school Principal via phone immediately.

#### Mandatory fields\* must be filled in

#### 1. Information of person completing the Notice to School:

| Name:*        | Manager's Name:*  |  |
|---------------|-------------------|--|
| Agency name:* | Manager's Phone:* |  |
| Date:*        | Email:*           |  |
| Phone:*       | CSC or Agency:*   |  |
| Email:*       | Signature:*       |  |
| Date:*        |                   |  |

## 2. Child/young person's details:

| Child/young person's name – as per birth certificate:*                               |                                |                              |   |   |
|--|--------------------------------|------------------------------|---|---|
| Child/young person's name – as per Medicare card if different to birth certificate:* |                                |                              |   |   |
| Previously named or also known as:   |                                |                              |   |   |
| Currently known as/preferred name:*  | If it is different to their le | gal name                     |   |   |
| Contact details: Address:* Phone: Email: (can include amail and/or phone for young   |                                | Same address<br>as carer Y/N | Y | N |
| (can include email and/or phone for young  |                                |                              |   |   |



| person if they consent to pr   | oviding)   |  |  |  |         |     |            |
|--|------------|--|--|--|---------|-----|------------|
| Date of birth*   |            |  |  |  | Gender* |     |            |
| Is this child/young person entering OOHC? Y/N  | N          |  | Is the child/young person already in OOHC and starting school? Y/N |  | N       |     |            |
| Aboriginality Y/N/ Unstated  | N          |  | Cultural background  |  |         | N   |            |
| 3. Caseworker details:   |            |  |  |  |         |     |            |
| Name of caseworker:  |            |  |  |  |         |     |            |
| CSC/agency:  |            |  |  |  |         |     |            |
| Caseworker Contact details: Phone: Email:  |            |  |  |  |         |     | DCJ<br>NGO |
| Manager contact details: Name: Phone: Email:   |            |  |  |  |         | Oth | ner        |
| Will case management be transferred within the next month? Y/N   | N          | If yes, inc<br>casework<br>Name:<br>CSC/age<br>Email:<br>Phone:<br>Date of c | ncy:   |  |         |     |            |
| 4. Court order details:  |            |  |  |  |         |     |            |
| Type of order:   |            |  |  |  |         |     |            |
| Date of order:   |            |  |  |  |         |     |            |
| Allocation of PR:  |            |  |  |  |         |     |            |
| Allocation for the aspect of I   | Education: |  |  |  |         |     |            |
| Details of court order – access visits, contact, shares PR, AVOs etc.  |            |  |  |  |         |     |            |
| Copy of Court order provided directly to the school only Y/N   |            |  | N<br>_   |  |         |     |            |
| Does the child/young person have siblings? Y/N Do they live together? Y/N Do they attend the same school Y/N |            | Y  | N<br> <br>   |  |         |     |            |
| 5. Carers details: Carer's name:*  |            |  |  |  |         |     |            |



| Relative or kinship care   |    | ☐ If yes, describe relationship |  |   |   |
|--|----|---------------------------------|--|---|---|
| Foster care  |    |                                 |  |   |   |
| Contact details: Address*: Phone*: Email:  |    |                                 |  |   |   |
| Date placement commenced:  |    |                                 |  |   |   |
| 6. Health and developmen   | nt |                                 |  |   |   |
| Name of General practitioner Contact details: Address: Phone: Email:   |    |                                 |  |   |   |
| OOHC Health Pathway Has the child/young person been referred to the OOHC Health Pathway? Y/N   | Y  | N                               | Does the child/young person have a Health Management Plan? Y/N Copy Attached   | Y | N |
| Other health services: (include name and contact details for relevant provider) Pediatrician Allied health (psychologist, OT, speech)        |    |                                 | Does the child have a recent psychological assessment / mental health plan?  Copy attached   | Y | N |
| Behaviour Support Behaviour support plan (or equivalent)? Y/N Copy Attached  | Y  | N                               | Behaviour support<br>specialist/service<br>(include name and<br>contact details)   |   |   |
| Disability/developmental delay Does the child/young person have a disability or developmental delay (including suspected but not diagnosed)? | Y  | N                               | Diagnosis Y/N If yes, attach details of assessment reports, practitioner details. If a referral for an assessment has been made, include details | Y | N |
| Disability Services: NDIS Plan active (Y/N): Local Area Coordinator (include name and contact details)                                       | Y  | N                               | Disability services: Other: (include name and contact details for relevant provider):  |   |   |
| NDIS plan? Y/N<br>Copy Attached  |    |                                 |  |   |   |
| 7. Schooling   |    |                                 |  |   |   |
| Enrolment in preschool or s Name of preschool or school* Sector¹: Name of Principal*: Email*: Phone*:  |    |                                 |  |   |   |

 $<sup>^{\</sup>rm 1}$  Sector refers to the type of school e.g.: Independent, Catholic or Government



| Previous preschool or schools  Name of preschool or previous school Sector: Name of Principal: Email: Phone: Duration of attendance |                  |  |
|---|------------------|--|
| Education plans, transition to school statements etc. Y/N   | Copy<br>Attached |  |

#### Submitting the form:

- o For a child/young person attending a Department of Education school or pre-school email the Notice to a school form to <a href="mailto:oohc.cps@det.nsw.edu.au">oohc.cps@det.nsw.edu.au</a>.
- For private (Independent or Catholic) school enrolment, send the Notice to a school form to the school Principal and cc to Department of Education, email oohc.cps@det.nsw.edu.au. This is so the Department of Education can note the new school details for their records.

NOTE: Do not email the Notice to a school form to the child/young person's school or teacher directly. The Department of Education will forward the Notice to School form to the school Principal directly with other relevant information. This is to ensure only relevant education personnel are informed of the child/young person's OOHC status. To find out if a preschool is a Government preschool go to: Preschools in Government schools list.

Keep a copy of the completed Notice form on file.