

Additional Learning Support Form



To ensure we are able to provide the best possible opportunities for your student if they have been receiving special education or learning support, or you believe they require it, please complete the following questions. When completed **please detach this page** and include it with your student's enrolment form.

Student's name: _____ Year level: _____

Please give details of the student's special needs/learning difficulties (*please tick as appropriate*):

Learning Needs	Sensory Needs	Medical	Physical
<input type="checkbox"/> Auditory Processing Disorder (APD) <input type="checkbox"/> Globally Delayed Specific learning difficulty in reading, writing or mathematics. <input type="checkbox"/> Eg. Dyscalculia, Dyslexia, Disgraphia <input type="checkbox"/> ESOL English a second language <input type="checkbox"/> Other (<i>please specify below</i>):	<input type="checkbox"/> Hearing impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other (<i>please specify below</i>):	<input type="checkbox"/> Attending Deficient Disorder (ADD) <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Mental Health concerns eg. Depression/Anxiety <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (<i>please specify below</i>):	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Dyspraxia (DCD) <input type="checkbox"/> Head Injury <input type="checkbox"/> Muscular/Neurological <input type="checkbox"/> Physical difficulties (<i>please specify below</i>):
Other – please specify here:			

Has the student seen a specialist about the difficulty(ies) ticked above: Yes No

Do you have any documentation that explains or supports the difficulty(ies)? Yes No

Are you comfortable providing the school with a copy of this/these reports? Yes No

PTO

Has the student ever received extra support and/or funding at school? Yes No

If Yes, was the extra support funded? Yes No Don't Know

If Yes, please give details:

<input type="checkbox"/> Learning Assistant	<input type="checkbox"/> Teacher Aide	<input type="checkbox"/> SENCo	<input type="checkbox"/> Speld	<input type="checkbox"/> ORS	<input type="checkbox"/> RTLB
<input type="checkbox"/> GSE	<input type="checkbox"/> HLN	<input type="checkbox"/> ESOL	<input type="checkbox"/> Child & Adolescent Health Services	<input type="checkbox"/> Counselling	
<input type="checkbox"/> Other					

Did the student find the extra support helpful? Yes No

Please give details of why/why not? _____

Has the student required support from any other agencies? Yes No

If Yes, please specify here: _____

Would you like to speak to the school counsellor or SENCo (Special Education Needs Coordinator) to discuss the above? Yes No

Signed (parent/caregiver): _____ Date: _____