

Special Education Needs or 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 your student's special needs/learning difficulties (*please tick as appropriate*):

Learning Needs	Sensory Needs	Medical	Physical
<input type="checkbox"/> Dyslexia <input type="checkbox"/> Dysgraphia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Specific learning difficulty in reading <input type="checkbox"/> Specific learning difficulty in writing <input type="checkbox"/> Specific learning difficulty in number <input type="checkbox"/> Auditory Processing Disorder (APD) <input type="checkbox"/> Globally Delayed <input type="checkbox"/> Other (<i>please specify below</i>):	<input type="checkbox"/> Irlens Syndrome <input type="checkbox"/> Macular Dystrophy <input type="checkbox"/> Short/long sighted <input type="checkbox"/> Partial blindness <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Other (<i>please specify below</i>):	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart or lung difficulties <input type="checkbox"/> Attending Deficient Disorder (ADD) <input type="checkbox"/> Attention Deficient Hyperactivity Disorder (ADHD) <input type="checkbox"/> Oppositional Defiance Disorder (ODD) <input type="checkbox"/> Bi Polar <input type="checkbox"/> Aspergers <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Tourettes Syndrome <input type="checkbox"/> Depression/ Anxiety <input type="checkbox"/> Other (<i>please specify below</i>):	<input type="checkbox"/> Physical difficulties <input type="checkbox"/> Dyspraxia (DCD) <input type="checkbox"/> Muscular/ Neurological <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Head Injury <input type="checkbox"/> Arm / Hand <input type="checkbox"/> Back / Leg <input type="checkbox"/> Other (<i>please specify below</i>):

Other – please specify here: _____

Has your 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 your student ever received extra support at school?

Yes No

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"/> ORRS	<input type="checkbox"/> RTLB
<input type="checkbox"/> GSE	<input type="checkbox"/> HLN	<input type="checkbox"/> Child & Adolescent Health Services	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other	

Did your student find the extra support helpful?

Yes No

Has your 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: _____