



ST. ANDREW'S GRAMMAR

K-12 Co-education

Supplementary Application for Enrolment For students with special needs

STUDENT SUPPORT PLANS

To determine how the School will meet the needs of a student with special needs, it is important that specific and detailed information is documented regarding a child's development, medical and academic history, and physical and support needs.

Parents/guardians and the School jointly and cooperatively engage in an information collection process, with advice and expertise from external agencies and professionals as required, to prepare a thorough, comprehensive and well-documented examination of the student's needs.

The Student Support Plan provides a basis for the comprehensive collection of information about the needs of a student with disabilities. The collection and documentation of this information is crucial in meeting the social and educational needs of the student as outlined in the Disability Standards for Education.

School Information

Current school _____ Contact number _____

Contact person and position _____

Student Information

Student Name _____ Date of Birth _____

Address _____

Gender Male / Female Year Level _____

Parent Information

Mother/Carer 1 _____ Father/ Carer 2 _____

Home number _____ Home number _____

Mobile _____ Mobile _____

Work number _____ Work number _____

ADMINISTRATION USE ONLY

Staff Name _____

Staff Signature _____ Date _____

Agency Information

Parents/Carers agree to provide all documentation regarding all diagnoses in relation to the student.

In granting this authority, I understand that it will remain current for the period of consideration of my child's Application for Enrolment and for such period as my child is enrolled at St. Andrew's Grammar.

Name _____

Signature _____ Date _____

Special Needs Details

Does your child have a known disability? (*intellectual, physical, hearing, vision or emotional?*) Yes / No

Disability 1 description _____

Disability 2 description _____

Disability 3 description _____

Communication

- | | | |
|----|---|----------|
| 1. | Can your child communicate effectively? | Yes / No |
| 2. | Can your child communicate basic desires such as toilet, drink? | Yes / No |
| 3. | Does your child need assistance to enhance communication? | Yes / No |
| 4. | Past history of sight problems? | Yes / No |
| 5. | Past history of hearing or ear problems? | Yes / No |
| 6. | Does your child use communication aides such as; | |

Sign Language	Yes / No
Makaton	Yes / No
Message boards	Yes / No
Hearing Aids	Yes / No
Visual Aids	Yes / No

- | | | |
|----|--|----------|
| 7. | Does your child require assistance for effective communication eg; acoustic considerations, scribes, tutors, specific classroom positioning? | Yes / No |
|----|--|----------|

Mobility

- | | | |
|----|--|-------|
| 1. | Who will transport your child to and from school? | _____ |
| 2. | Are there any mobility issues that need to be addressed by the School including; | |

Access to the classrooms	Yes / No
Access to the playground	Yes / No
Access to toilet facilities	Yes / No
In the classroom?	Yes / No
Moving between classrooms?	Yes / No
In the playground?	Yes / No
For participation in sport?	Yes / No

Support

- 1. Does your child receive support from others? eg: tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist, education assistant.

- 2. Which services/external agencies are involved?

- 3. Are the reports from these agencies available to the School? Yes / No

- 4. What type and level of support is the student already receiving?

- 5. Will the need for this level of support continue at the School?

Curriculum

- 1. What learning support did your child receive in his/her previous educational setting? Yes / No

- 2. Does your child require particular supervision or management? Yes / No

- 3. Will your child require particular arrangements to participate in games, camps and excursions? Yes / No

Medical / Health Issues

1. Does your child have any health issues associated with their disability that the School should be aware of? Yes / No

2. Does your child require a Health Care Plan or Emergency Action Plan? Yes /No

3. Is your child taking any prescribed medication? Yes / No

4. Name of medications and frequency

Independence

1. Can your child manage personal care needs independently? (toileting, dressing, eating) Yes / No

If No, please describe in more detail.

Behaviour/ Supervision

1. Does you child have;

Emotional Issues?	Yes/No	<hr/>
Behaviour Management Issues?	Yes/No	<hr/>
Personal Safety Issues?	Yes/No	<hr/>
Psychologist/ Psychiatrist input?	Yes/No	<hr/>
School Attendance Problems?	Yes/No	<hr/>
Other Behavioural Issues?	Yes/No	<hr/>

Please add any additional information that may help he School meet your child’s needs
