

Supplementary Enrolment Form – Additional Needs



Please complete all sections of this form honestly and accurately. Information provided is for the purpose of determining the adjustments your child may need at school and will in no way jeopardise acceptance of your child's enrolment.

Child's full name: _____

Date of Birth: _____

Please write N/A (Not Applicable) in sections that do not apply to your child.

DIAGNOSIS

Does your child have a known disability, learning difficulty, medical condition or diagnosis that may impact upon their safety, participation or learning? *Includes physical, cognitive/intellectual, learning, sensory (hearing, vision), speech & language, Autism Spectrum Disorder, illness/disorder, social/emotional/behavioural, medical (anaphylaxis, diabetes, asthma, etc), mental health or other.*

Yes

Unsure

No

Currently pursuing diagnosis

Nature/Name of disability/condition/diagnosis

Diagnosed by

(Name of professional/doctor/specialist)

(Position/Role/Speciality/Area of expertise eg Psychologist, Neurologist, etc)

Date of diagnosis _____

Copy of report attached? Yes

No

Is your child currently eligible for any services or funding (eg Disability services Commission, Centreline, National Disability Insurance Scheme, Insurance Compensation, Therapy Focus, etc)

Yes

No

Please give details: _____

Name of Disability Services Commission LAC (Local Area Coordinator) if known:

LEARNING/ACADEMIC

Describe your child's learning strengths: _____

Describe your child's learning weaknesses: _____

Describe any adjustments, accommodations, allowances, considerations or specialised equipment your child needs to participate in learning in all or specific classes.

Are you aware that your child is achieving below expected grade level in any areas of the curriculum (eg literacy, numeracy, etc). Please give details. Yes

No

Has your child had a Documented Plan of any sort? (eg Individual Education Plan, Curriculum Adjustment Plan or similar) related to learning, curriculum or academic goals? Yes

No

Copy of previous Documented Plans attached?

Yes

No

HEARING AND VISION

Has your child's vision been tested in the past?

Yes

No

Does your child need to wear/use vision aids? (eg glasses, assistive technology, specialised equipment, low vision aids, large print, specific font, magnifiers, etc)

Yes

No

Please describe: _____

Has your child's hearing been tested in the past?

Yes

No

Does your child need to wear/use hearing aids? (eg hearing aid, hearing cap, FM system, amplifier, acoustic considerations, sit a front of classroom, etc)

Yes

No

Please describe: _____

Has your child accessed (now or in the past) specialist hearing or vision services? (eg Vision Education Service, WA Institute for Deaf Education (WAIDE), other)

Yes

No

Please describe: _____

SPEECH & LANGUAGE (COMMUNICATION)

Has your child's speech and/or language skills been tested in the past?

Yes
 No

Has your child accessed (now or in the past) specialist speech or language services? (eg Telethon Speech & Hearing, Speech & Language Centre (LDC), Speech Therapist/Pathologist, other)

Yes
 No

Please describe: _____

Explain the extent to which your child can communicate.

Explain the extent to which your child can communicate basic needs/wants. (eg toilet, drink, help, etc) _____

Does your child need/use adjustments, strategies, considerations as a result of speech or language concerns? (eg Auslan interpreter, Key Word Sign Australia, message board, electronic device)

Yes
 No

Please describe: _____

INDEPENDENCE

Can your child manage personal care needs independently? (eg toilet, dressing, eating, mobility)

Yes
 No

Please describe: _____

Does your child need adjustments, strategies, considerations to support their independence?

Yes
 No

Please describe: _____

Does your child require additional supervision or support in particular situations? If yes, please give details. _____

- To and from College? _____
- Moving between classrooms? _____
- In the playground? At recess/lunch? _____
- Participation in sport? _____
- Dressing/getting changed? _____
- When eating? _____
- Administering medication? _____
- Toileting? _____
- Camps/excursions? _____
- Other? _____

MEDICAL/HEALTH

Does your child see a GP regularly for a medical/health condition?

Yes
 No

Name of condition/s _____

Does your child access a medical specialist/therapist/treatment regularly for the ongoing management of this medical/health condition?

Yes
 No

(Name of professional/doctor/specialist)

(Position/Role/Speciality/Area of expertise eg Psychologist, Neurologist, etc)

Does your child require a Health Support Plan and/or Emergency Medical Plan? (eg for support to manage/administer medication, pain, fatigue, equipment, EpiPen, sugar/insulin levels, etc)

Yes
 No

Please give details: _____

Is your child on any regular prescribed medication?

Yes
 No

Name of medication _____

Please list any allergies _____

MOBILITY

Please describe any mobility issues experienced by your child (including balance, fine motor, gross motor, use of mobility equipment, etc) _____

Will your child require adjustments/support to manage mobility issues while at College?

Yes
 No

If yes, please give details.

- Access to classrooms _____
- Buildings and structures (eg ramps, lift, handrails, low vision contrast, tactile surfaces) _____
- Access to specific college facilities/areas (eg library, oval, playground) _____
- Access to toilet facilities _____
- Supports for specific activities (eg writing, playing sports) _____
- Other _____

Does your child access a medical specialist/therapist/treatment regularly for the ongoing management of their mobility?

Yes
 No

(Name of professional/doctor/specialist)

(Position/Role/Speciality/Area of expertise eg Psychologist, Neurologist, etc)

Describe any mobility equipment/devices that your child currently uses: _____

Will your child be bringing this equipment/device with the to this college?

Yes
 No

SOCIAL/EMOTIONAL/BEHAVIOUR

Please describe any issues related to your child's ability to manage social interactions, emotional regulation and/or behaviour.

Does your child access a medical specialist/therapist/treatment regularly for the ongoing management of their social/emotional/behaviour needs?

(Name of professional/doctor/specialist)

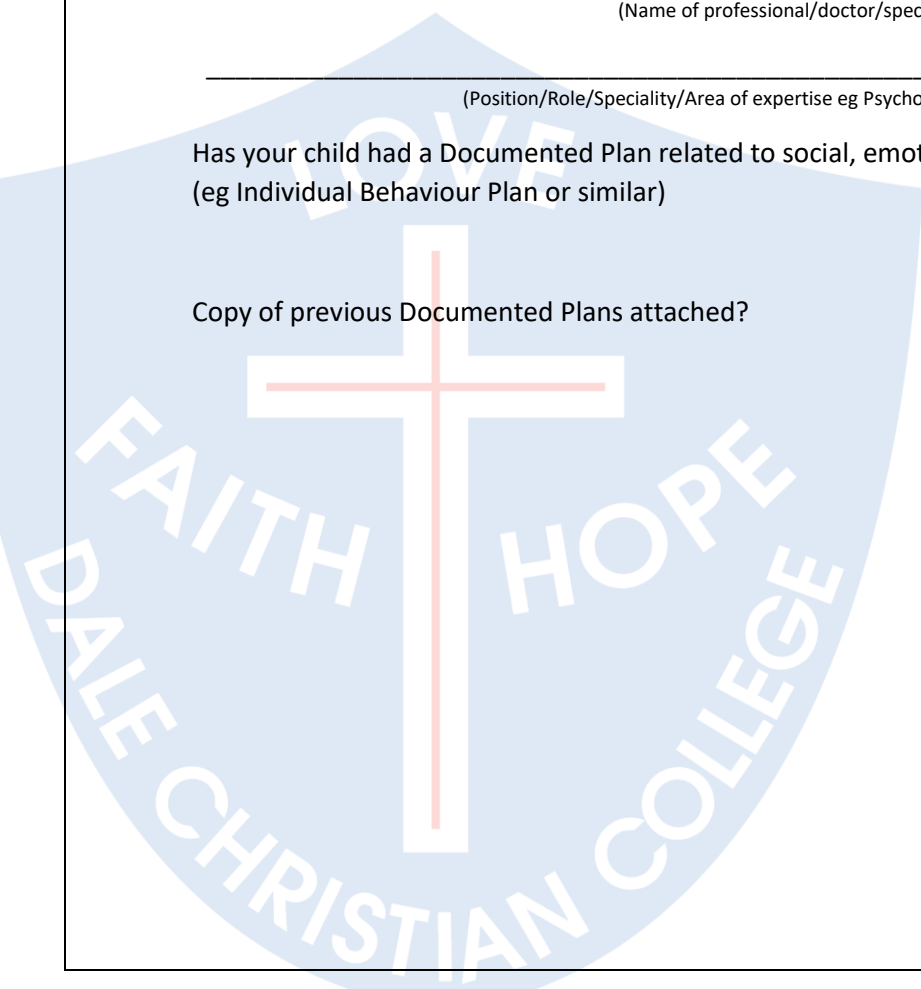
(Position/Role/Speciality/Area of expertise eg Psychologist, Neurologist, etc)

Has your child had a Documented Plan related to social, emotional or behavioural goals? (eg Individual Behaviour Plan or similar)

Yes
 No

Copy of previous Documented Plans attached?

Yes
 No



OTHER SUPPORT/INTERVENTION

Does your child receive support and/or intervention services from any services not previously mentioned on this form? (eg tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist, education assistant, mentor, etc)

Yes
 No

Please give details: _____

Will this support or intervention continue while at Dale?

Yes
 No

Will these agencies be able to provide consultancy support to Dale?

Yes
 No

Name of contact person at relevant agency/ies: _____

Are reports from these agencies attached?

Yes
 No

ADDITIONAL INFORMATION

Please use this space to provide any additional information related to your child's disability or additional needs in order to give the college a more complete picture of how we can support your child. If you run out of space on this form, please attach additional pages of notes or documents from specialists, therapists, previous school or other sources.

OPTIONAL INFORMATION

This section is if you wish to list any expectations for your child's academic, social, spiritual and vocational goals. Including strengths and weaknesses.

PLEASE PROVIDE COPIES OF REPORTS, CARE PLANS AND OTHER RELEVANT DOCUMENTS

