

Learning Support Enrolment Questionnaire

To help us support your child's learning needs, please complete the following.

Family name:		Given name:	
Date of birth:	Year Level	Gender:	
Home phone:		Mobile:	
Parent / carer name:			
Previous school:			

Disabilities, learning disabilities / difficulties and medical conditions can affect learning and classroom teaching strategies. Please tick as appropriate and provide further details.

Verified / Ascertained Disability	Yes	No	Details or Comments
Autistic spectrum disorder			
Intellectual impairment			
Speech language impairment			
Visual impairment			
Physical impairment			
Hearing impairment			

Learning Need	Yes	No	Details or Comments
ADD / ADHD			
Auditory processing			
Other			

Is there a Medical condition that could impact on Learning YES / NO?

Details

Are there any significant social / emotional behaviours or issues that we need to be aware of? YES / NO

If you have indicated any areas that we need to be aware of, you will be contacted by either the Head of Special Education Services or **Guidance Officer** so we can discuss how the school can best meet your child's learning needs.

Signature: _____ Date: _____

(Original to student file. Copy to HOSES)