

ADDITIONAL LEARNING SUPPORT

Please complete the following if your child has additional learning needs or information we need to be aware of:

Last Name: _____ First Name: _____

Date of Birth: _____ Year Level: _____ Previous School: _____

Please tick any of the conditions that impact upon attendance, behaviour or learning:

Medical

- ☐ Autism Spectrum
- ☐ Attention Deficit
- ☐ Anxiety
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Tourette's Syndrome
- ☐ Depression
- ☐ Other, please state

Physical

- ☐ Head Injury
- ☐ Back/ Leg
- ☐ Arm/ Hand
- ☐ Dyspraxia
- ☐ Cerebral Palsy
- ☐ Muscular/ Neurological
- ☐ Attention Deficit
- ☐ Other, please state

Diagnosed Specific Learning Disorder

- ☐ Dyslexia
- ☐ Dysgraphia
- ☐ Dyspraxia
- ☐ Dyscalculia
- ☐ Other, please state

Sensory

- ☐ Vision
- ☐ Hearing
- ☐ Other, please state

Learning

- ☐ Reading
- ☐ Writing
- ☐ Slow Processing

What Special Needs help has your child received over the past 3 years, eg. Teacher Aide, Ministry of Education behaviour support, RTLB involvement, extra reading help, counselling

Special Needs Help Received

Provided By

Funded by

☐ Please attach relevant recent reports from the list of Providers above

My child has been involved with the following agencies:

- ☐ Oranga Tamariki
- ☐ ICAMHS
- ☐ Hauora Health
- ☐ Child Development Centre
- ☐ Police Youth Aid
- ☐ Other, please state _____

If you have ticked any of the above, please give some details:

These reports will be used to provide only essential learning and health information to appropriate staff

☐ I request an interview with the Head of Learning Support

Caregiver's name: _____ Signature: _____ Date: _____