

## 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. 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, social/emotional/behavioural, illness/disorder, medical (anaphylaxis, diabetes, asthma, etc), mental health or other.*

 Yes Unsure No Currently pursuing diagnosis

Nature/Name of disability/condition/diagnosis

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Diagnosed by

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(Name of professional/doctor/specialist)

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(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

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### LEARNING/ACADEMIC

Describe your child's learning strengths \_\_\_\_\_

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Describe your child's learning weaknesses \_\_\_\_\_

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

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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

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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)

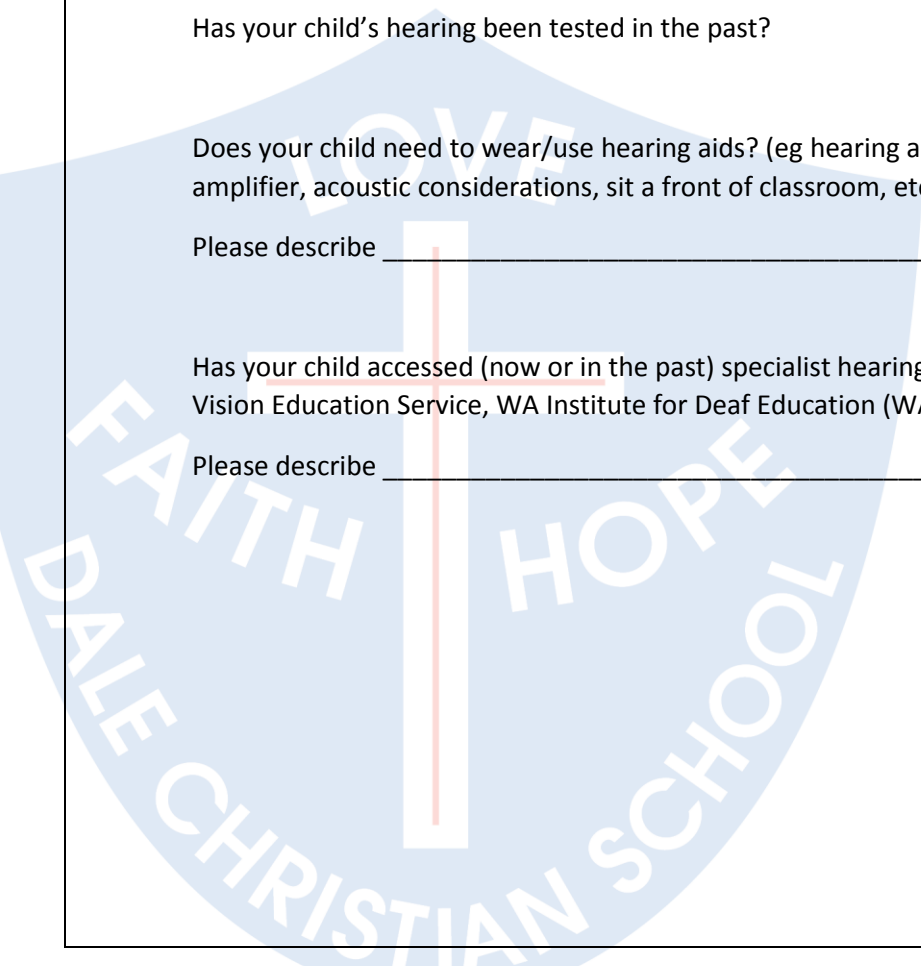
Yes  
 No

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 & LANGAUAGE (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 school? \_\_\_\_\_
- 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 school?

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 school 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 school?  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 school 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.

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**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.

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