

Supplementary Enrolment Information

Student Learning Needs

This information is kept strictly confidential and is only made available to those staff members directly involved in the care of your child.

Child's Name:

Anticipated commencement date/year at Essex Heights Primary School:

Please answer YES or NO to the following questions and provide details where required.

| | Please circle | Details <i>(attach a separate sheet if necessary)</i> | |
|--|---------------|--|--|
| Does your child have any additional learning needs. Please provide details. | Yes / No | | |
| Did your child attend an Early Intervention Centre? | Yes / No | Name of Centre: | |
| | | Date/s Attended: | |
| Has your child consulted / been attending a Specialist? <i>Please provide details of date commenced and attach relevant reports</i> | Yes / No | Speech Therapist | |
| | Yes / No | Psychologist | |
| | Yes / No | Occupational Therapist | |
| | Yes / No | Physiotherapist | |
| | Yes / No | Paediatrician? | |
| | Yes / No | Other? | |

Name of person completing this form:

Relationship to student:

Parent/Guardian's Signature: Date: / /