



PULTENEY GRAMMAR

Questions for the Enrolment Process

APPLICANT'S DETAILS

Surname: _____ Given Names: _____
 Preferred Name: _____ Date of Birth: / / _____ Sex: Male Female

EDUCATIONAL NEEDS

Does your child have a known disability e.g. intellectual, physical, health, hearing, vision or emotional?

Name of disability: _____

Diagnosed by: _____

Date of diagnosis: _____ Report for the school: Yes No

HEARING AND VISION

Have your child's EYES been tested?

By whom? _____ Date: / / _____

Is there written information available to assist the school?

Any past history of sight problems?

Does your child need to wear glasses, have vision aids, scribes, tutors, etc?

Have your child had a HEARING test?

By whom? _____ Date: / / _____

Is there written information available to assist the school?

Is there a history of hearing or ear problems?

Does your child need aids, acoustic considerations in the classroom?

SUPPORT

Does your child receive support from others, e.g. tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist, access assistants?

Which services are involved - e.g. Novita Children's Services, South Australian School for Vision Impaired (SASVI), Down Syndrome Society of SA, Autism SA, Cora Barclay, hospital-based child development units, community health services, private practitioners, Options Coordination.

What is the type and amount of support?

Will this support continue in this school?

Will these agencies provide financial or consultancy support in school?

Are the reports from these agencies available to the school?

CURRICULUM ISSUES

What support did your child receive in his/her previous setting?

What support did your child receive for behaviour, learning or emotional issues?

Does your child require particular supervision or management:

- to and from school?
- moving between classrooms?
- for participation in sport?
- in the classroom?
- in the yard?

Will your child require particular arrangements to participate in sports, games, camps and excursions?

What are your child's patterns of school attendance?

MEDICAL / HEALTH ISSUES

Is your child entitled to receive a Carer's Allowance?

Has your child had a recent visit to the doctor?

Name of Doctor?

Are there any health issues?

Does your child require a Health Care Plan and/or Emergency Action Plan?

Is your child on any regular prescribed medication e.g. epilepsy, ADD, asthma, allergies?

Name of Medication:

MOBILITY

Who will transport your child to school?

Are there any issues that need to be addressed by the school?

- Access to the classrooms e.g. ramps
- Access to toilet facilities
- Access to the playground
- Access to general school facilities e.g. library

COMMUNICATION

Is your child Indigenous or Torres Strait Islander?

Does your child come from a non-English speaking background?

How does your child communicate?

How does your child communicate basic desires, e.g. toilet, drink?

Does your child need any assistance to enhance communication?

- Sign language
- Message boards
- Makaton

Does your child require devices for effective communication, e.g. hearing aids, acoustic considerations, glasses, vision aids, scribes, tutors?

INDEPENDENCE

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

Are there any particular requirements?