



Learning Support – Student Information

In order to provide the most appropriate learning support for those students who are experiencing difficulties with learning or behaviour, it is vital that school staff have access to information about each student's needs.

To achieve this, the Learning Support Team requests that parents/caregivers complete the following questionnaire regarding their child's specific needs. In addition, it is helpful if documentation such as reports, assessments, NAPLAN results etc. are provided to the school via email kuringgai-h.school@det.nsw.edu.au or delivered to front office.

Whilst access to such information is on a "need to know" basis and respects the sensitivity of any confidential issues, it is extremely useful if this information is conveyed to all your child's teachers so that appropriate learning adjustments can be made in all subjects.

1. Does the student have a diagnosis of:-

- | | |
|---|--|
| ☐ Autism | ☐ Obsessive Compulsive Disorder |
| ☐ ADHD | ☐ Vision Impairment |
| ☐ Dyslexia | ☐ Physical Impairment |
| ☐ Behaviour Disorder | |

Other _____ (Please specify)

Diagnosing specialist contact details: _____

Please email diagnoses documents to: kuringgai-h.school@det.nsw.edu.au

2. Has the student previously received assistance for this?

- ☐ YES ☐ NO

If "Yes" please indicate the type of support:-

- ☐ Funding
- ☐ Modification to curriculum
- ☐ Sessions with School Counsellor
- ☐ Disability Provisions (extra time, separate supervision, reader/writer)
- ☐ Access to technology

Please turn over →



KU-RING-GAI HIGH SCHOOL

Learning Support – Student Information cont.

Being able to speak with diagnosing specialists allows our learning support teacher or school counsellors to support our teachers in implementing strategies in the classroom for your child.

3. Has the student received support from other professionals/agencies?

Please provide contact details where possible.

☐ YES

☐ NO

If "Yes" please specify: -

NAME:

NUMBER:

☐ Occupational therapy; _____

☐ Speech therapy; _____

☐ Counselling; _____

☐ Tutoring; _____

☐ Specialist medical practitioners; _____

☐ CAMS Team; _____

Permission to Inform Teachers of Student's Learning Needs.

I acknowledge that the Learning Support Team may need to share information and additional documentation, with teachers, in order to maximise my child's access to the school curriculum. I understand that the confidentiality of sensitive issues will be respected.

Signed