

Ku-ring-gai High School

Turramurra North Campus

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Email: kuringgai-h.school@det.nsw.edu.au
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CRICOS Provider Name: NSW Department of Education
CRICOS Provider Code: 00588M

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 t	the student previously received assistance for this?								
		YES		NO						
	If "Ye	"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								

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" p	lease specify: -	NAME:		NUMBER:					
		Occupational therapy;								
		Speech therapy;								
		Counselling;								
		Tutoring;								
		Specialist medical practitions	ers;							
		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,										
wit	h teach	ers, in order to maximise my	child's access to the	e school c	curriculum. I understand that the					
confidentiality of sensitive issues will be respected.										
Sig	ned	1	Parent/Guardian	Student	Name:					