



The Early Years at Seymour Individual Needs Questionnaire

Seymour College has an open enrolment policy. In accordance with this policy and to ensure that all students have access to the most appropriate education and support for their individual needs, we ask that you complete this **Individual Needs Questionnaire**. This is to ensure that we are fully informed of your child's individual requirements and can provide the necessary support.

Student's Name: _____ DOB: _____

Proposed year/term of entry: _____ Proposed level of entry: _____

Name of current Child Care Centre/Early Learning Centre and year level:

LANGUAGES SPOKEN

1st _____ 2nd _____ 3rd _____

Language usually spoken in the home: _____

If English is not your daughter/son's first language, what English tuition has she/he received?

MEDICAL/HEALTH ISSUES

Does your daughter/son have a medical or physical condition which could affect her/his learning and/or involvement in school activities?

YES NO

If yes, please describe below and attach copies of any relevant professional reports and documentation.

HEARING AND VISION

Does your daughter/son have any sight or hearing/ear problems which could affect her/his learning and / or involvement in school activities?

YES NO

If yes, please describe below and attach copies of any relevant professional reports and documentation.

EMOTIONAL/SOCIAL ISSUES

Does your daughter/son have any specific emotional or social needs?

Are there any special considerations for your child, such as cultural, religious or dietary requirements or additional needs?

YES NO

If yes, please describe below and attach copies of any relevant professional reports and documentation.

LEARNING DIFFICULTIES

Does your daughter/son have a diagnosed learning difficulty?

YES NO

If yes, please describe below and attach copies of any relevant professional reports and documentation.

Does your daughter/son access any learning support?

YES NO

If yes, please describe below.

Does your daughter/son have any support for her/his learning which you organise?

YES NO

If yes, please describe below.

SUPPORT

Is your daughter/son receiving (or has previously received) support from others (e.g. educational or other psychologist, counsellor, physiotherapist, occupational therapist, speech pathologist, access assistants, behavioural optometrist, audiologist)?

YES NO

If yes, please describe below and attach copies of any relevant professional reports and documentation.

TOILET TRAINING

Is your daughter/son fully toilet trained?

YES NO

If your child has a medical condition which makes this requirement difficult or impossible, please describe the condition below and attach copies of any relevant professional reports and documentation.

If you have identified any specific individual needs, we will arrange an appointment to discuss further with you how Seymour College might best support your daughter/son's learning and care.

Enrolment for a child who has been identified with special needs cannot be confirmed until full consideration has been given to the special needs of the child and whether Seymour College can appropriately meet those needs.

It is essential to complete all sections of the above questionnaire accurately. Failure to do so may result in Seymour College being unable to accommodate your child's individual needs and may affect her/his continued enrolment should we become aware of these needs after your child has commenced her/his education at Seymour. Should your child's circumstances change before the time she/he commences at Seymour, the information on this form must be updated.

Signature of Parent/Guardian: _____

Date: _____

INCLUSION INDICATORS

"Is your child of Aboriginal or Torres Strait Islander origin?"

NO YES, ABORIGINAL YES, TORRES STRAIT ISLANDER

Does your child have a need for additional assistance in the following areas, that is related to an underlying long term (lasting longer than 6 months) health condition or disability?

Yes

If Yes, please tick:

- Learning & applying knowledge, education
- Communication
- Mobility
- Self Care
- Interpersonal interactions and relationships
- Other - including general tasks, domestic life, community & social life

Does your child have a need for additional assistance due any of the following reasons?

Yes No

If Yes, please tick all applicable boxes below.

Children with special needs are those from the priority groups listed below:

- Children from culturally & linguistically diverse backgrounds
- Children with a refugee background who have been subjected to trauma
- Indigenous children
- The child's place has been sought by a state child protection worker
- The child is in the care of the State, or other forms of out of home care