

Additional Information Regarding Student Needs

For the College to best provide for your child's needs, please provide the following additional information.

BACKGROUNI	O INFORMATI	ON - Do vou	have a	nv con	cerns ab	out vo	ur ch	ild's:				
	_						<u> </u>					
Hearing	∐ Yes	∐ No	Comm	nunicati	on 📙	Yes	Ш	No	Attendance	∐ Yes	∐ No	
Vision / Eyesight	☐ Yes	□ No	Coordination			Yes		No	Personal Care	☐ Yes	☐ No	
Speech	eech		Menta	l Health		Yes		No	Behaviour- class or playground	☐ Yes	☐ No	
If you have indicated you do have concerns, please provide details for each:												
MEDICAL		Yes	No	If so, please provide details:								
Does your child medical condition for Student Enro	ons? (Refer to	Application										
Is your child receiving ongoing treatment from a medical specialist or therapist?												
Do you have any reports from a medical specialist or therapist that you are willing to share with the school?												
Is your child required to take any medication at school?												
Does your child require a health plan or action plan for a medical condition?												
Does your child have any other individual needs? For example: learning needs, physical difficulties, disabilities.												
Is your child receiving NDIS support/s?												
LEARNING – Has your child:		Yes	No	If so, ple	ease p	rovid	e deta	ils:				
Participated in a	•	extension										
Been supported Support Teache	•	earning										
Been supported Education Prog	•	pecial										
Received any comentoring out of	-	oring or										
Been on a Part- Program?	Time Educatio	onal										
GENERAL			Yes	No	If so, ple	ease p	rovid	e deta	ils:			
Are there any le	egal orders?											
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Are you a Defence Force family?					information works in a	on is ava	ailable ne Aus	on requ tralian	e Community Organisa uest for families that ha Armed Services. The w CO/Community/Cairns/	ive a parent/ ebsite is		
ADDITIONAL I	NFORMATION											
Please provide any other information that would support your child to access their learning program.												