



Merimbula Public School



Learning and Support Provisions - 2018

Student: _____ Class: _____

Grade: _____ Date: _____

Dear Parent/Caregiver,

Your child has been identified as having additional learning and support needs.

To date the school has provided your child's additional learning support in the following ways:

- | | |
|--|---|
| <input type="checkbox"/> Program Differentiation by classroom teacher | <input type="checkbox"/> Support/Behaviour Plan |
| <input type="checkbox"/> Small Group School Learning Support Officer (SLSO) support in class (literacy/numeracy) | <input type="checkbox"/> Individual Education Plan |
| <input type="checkbox"/> Small Group SLSO support (social skills) | <input type="checkbox"/> Time Out and Mentoring |
| <input type="checkbox"/> SLSO Support (playground/behaviour) | <input type="checkbox"/> Chill Out room access |
| <input type="checkbox"/> Assistant Principal Support (welfare/behaviour/ learning) | <input type="checkbox"/> 'Rock and Water' behaviour program |
| <input type="checkbox"/> LAST (Learning and Support Teacher) support | <input type="checkbox"/> Access Request for Integration Funding/Aide |
| <input type="checkbox"/> LAST Assessment (WARP – <i>Wheldall Assessment of Reading Passages: Fluency</i> , WARL – <i>Wheldall Assessment of Reading Lists: Sight Word Fluency</i> , MiniLit Placement, MacqLit Placement, SENA – <i>Schedule for Early Number Assessment</i> , Other: _____) | <input type="checkbox"/> Access Request for Support Class |
| <input type="checkbox"/> Assistant Principal Learning Support (APLS) (referral / support) | <input type="checkbox"/> Gifted and Talented Students (GATS) Program |
| <input type="checkbox"/> Child and Adolescent Mental Health Service Support (CAMHS) Social Skills Group | <input type="checkbox"/> Gifted and Talented Students (GATS) Assessment |
| | <input type="checkbox"/> School Counsellor (Support/Assessment) |
| | <input type="checkbox"/> Interagency access/support |
| | <input type="checkbox"/> Itinerant support teacher (hearing/vision) |
| | <input type="checkbox"/> Centre for Effective Reading Referral |
| | <input type="checkbox"/> Centre for Effective Reading Program Support |
| | <input type="checkbox"/> Assisted Travel Scheme |

In Term _____ 2018, your child will be receiving additional Learning support in the following ways:

- | | |
|--|---|
| <input type="checkbox"/> Program Differentiation by classroom teacher | <input type="checkbox"/> Support/Behaviour Plan |
| <input type="checkbox"/> Small Group School Learning Support Officer (SLSO) support in class (literacy/numeracy) | <input type="checkbox"/> Individual Education Plan |
| <input type="checkbox"/> Small Group SLSO support (social skills) | <input type="checkbox"/> Time Out and Mentoring |
| <input type="checkbox"/> SLSO Support (playground/behaviour) | <input type="checkbox"/> Chill Out room access |
| <input type="checkbox"/> Assistant Principal Support (welfare/behaviour/ learning) | <input type="checkbox"/> 'Rock and Water' behaviour program |
| <input type="checkbox"/> LAST (Learning and Support Teacher) support | <input type="checkbox"/> Access Request for Integration Funding/Aide |
| <input type="checkbox"/> LAST Assessment (WARP – <i>Wheldall Assessment of Reading Passages: Fluency</i> , WARL – <i>Wheldall Assessment of Reading Lists: Sight Word Fluency</i> , MiniLit Placement, MacqLit Placement, SENA – <i>Schedule for Early Number Assessment</i> , Other: _____) | <input type="checkbox"/> Access Request for Support Class |
| <input type="checkbox"/> Assistant Principal Learning Support (APLS) (referral / support) | <input type="checkbox"/> Gifted and Talented Students (GATS) Program |
| <input type="checkbox"/> Child and Adolescent Mental Health Service Support (CAMHS) Social Skills Group | <input type="checkbox"/> Gifted and Talented Students (GATS) Assessment |
| | <input type="checkbox"/> School Counsellor (Support/Assessment) |
| | <input type="checkbox"/> Interagency access/support |
| | <input type="checkbox"/> Itinerant support teacher (hearing/vision) |
| | <input type="checkbox"/> Centre for Effective Reading Referral |
| | <input type="checkbox"/> Centre for Effective Reading Program Support |
| | <input type="checkbox"/> Assisted Travel Scheme |

Web Address: www.merimbula.pschool@nsw.edu.au

Email: merimbula-p.school@det.nsw.edu.au

Phone: (02) 6495 1266

Merimbula Public School

49-55 Main Street

Merimbula

NSW, 2548

To expedite further assistance we may be able to provide for your child, could you please address the following and return this form/page to the school as soon as possible. We will send you home a copy once received. Once you have done this, please provide any documentation/recommendations you receive from these services, to the school. Thank you.

Recommended Support Referral:	Date of Appointment:	Doctor/Specialist Name:
<input type="checkbox"/> Vision Assessment: Please look into having your child's vision assessed at an optometrist.		
<input type="checkbox"/> Hearing Assessment: Please see your child's doctor regarding having a hearing test.		
<input type="checkbox"/> Occupational Therapy: Please talk to your child's doctor/community health to discuss getting your child some Occupational Therapy (OT) support for their fine/gross motor skills.		
<input type="checkbox"/> Speech Pathologist: Your child's classroom teacher/the Learning Support Team would like you to look into having your child get support from a speech pathologist as they have difficulty communicating some sounds.		
<input type="checkbox"/> See your child's doctor for referral to a Paediatrician/seek Paediatrician support: Please look into having your child supported with their: WELL BEING / ANXIETY / SOCIAL SKILLS or MENTAL HEALTH COUNSELLING.		
<input type="checkbox"/> Contact Family Referral Services for additional support: See above areas / family counselling.		

- I have attached all documentation provided by the above services.*
- I give permission for the Principal/Delegate to contact the above service for further discussion to support my child. Parent/Caregiver: _____ Signature: _____ Date: _____*

Office Use Only:

Date received by school: _____ **Date received by Learning Support Team:** _____



If you require assistance in making any of the above bookings/appointments, or would like further support advice, you can contact the Family Referral Service centre on:

1300 736 384 Email: info@southernnswfrs.org.au

The Southern NSW Family Referral Service provides advice and links families, children and young people to support services in their community.

In addition, please let the school know if there have been any changes in your child's circumstances that may be impacting their learning, welfare or behaviour.

I appreciate your continued support and thank you in advance for working with us to support your child. If you have any questions or information regarding the additional needs of, and related support for your child, please contact me or our Learning Support Team Coordinator Mr Brenton Mace on (02) 6495 1266 to discuss this referral or make an appointment to meet and discuss your child's needs in further detail.

Regards,

Michelle Hulme
Principal