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| Ministry of Education  [www.education.govt.nz](http://www.education.govt.nz)  Private Bag 92644  Symonds Street  Auckland 1142 | **Fax: 09 6329401**  **Phone: 09 632 0390**  **Email: aucklandcity.servicesupport@education.govt.nz** |  |

# Learning Support Request

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| ***Do you have parental permission for this referral?*** 🞎 ***Yes*** 🞎 ***No*** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Childs Full Name** | **x** | | | | | **🞎 M 🞎 F** | | | **DOB** :**x** | |
| **NSN:** | |
| **ETHNICITY: Please ✓**  🞎 NZ European/Pakeha  🞎 Maori  Iwi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 🞎Asian  🞎 Indian  🞎 Somali  🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 🞎 Chinese  🞎 Niuean  🞎 Tokelauan  🞎 Unknown | | | | | 🞎 Cook Island Maori  🞎 Samoan  🞎 Tongan  🞎 Not Disclosed |
| **Caregiver Details** | | **Full Name** | | | | | | **Relationship to child** | | **Male / Female** |
| **Main Caregiver X** | |  | | | | | |  | | **🞎 M 🞎 F** |
| **Second Caregiver** | |  | | | | | |  | | **🞎 M 🞎 F** |
| Languages spoken at home: **x** | | | | | | | | | B4 School Check Referral?  **YES / NO** | |
| Home address **x** | | | | | **Post Code** | | | | Phone **x** | |
|  | | | |
| Email address **x** | | | | | | | | | Mobile **x** | |
| **Preferred Method of Contact**: Email / Letter / Telephone / Mobile (please circle) | | | | | | | | | | |
| **Facility Details:** | | | | | | | | |  | |
| School or EC Centre **x** | | | | Year **x** | | | | | Phone **x** | |
| Contact person at School or EC Centre **X** | | | | | | | | | | |
| **Person making referral: x** | | | | | | | Relationship to child **x** | | | |
| Phone Number: **x** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Address: **x**\_\_\_\_\_\_ | | | | | | | | | | |
| 1. What is your main concern? (eg the child’s behaviour, communication skills, general development). | | | | | | | | | | |
| 2. What has already been done to address the concern? (eg interventions by you or others, hearing tests, information from doctors etc) Please describe or attach information. | | | | | | | | | | |
| 3. Describe how the concern impacts on the child’s ability to learn at school or in their early childhood setting, or be fully involved in family life. | | | | | | | | | | |
| 4. Does the concern have an effect on family members, other children or adults around the child? Please describe. | | | | | | | | | | |
| 5. Is the concern present all of the time? If no, then how often does it happen (eg more than 1x a day/daily/ more than 1x a week). | | | | | | | | | | |
| 6. What help are you seeking from us? | | | | | | | | | | |
| Has Learning Support (preciously Special Education) been involved before? 🞎 Yes 🞎 No  When? | | | | | | | | | | |
| It will assist us to have some of the following information attached, if you have access to it:FOR EARLY CHILDHOOD A summary of your/any observations undertaken at the Early Childhood Centre.  **FOR SCHOOL AGED CHILDREN**  ***For Behaviour referrals*** behaviour diary, behaviour checklist, SENCO/RTLB report, individual plan, teacher or parent observations.  ***For Communication referrals*** Please complete the Information to Support Communication Requests May 2010. | | | | | | | | | | |
| **AGREEMENT FOR REFERRAL BY SCHOOL PRINCIPAL OR SENIOR TEACHER EARLY CHILDHOOD SERVICE**  I agree to this referral being made to the Ministry of Education, Learning Support.  *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_* | | | | | | | | | | |
| **PARENT/LEGAL GUARDIAN PERMISSION**  *I / We consent to this referral being made to the Ministry of Education, Learning Support.*  *Signed*  *Date* | | | | | | | | | | |
| **PRIVACY STATEMENT**  *The personal information collected from you on this form is required by Ministry of Education, Learning Support for the purposes of providing learning support to assist your child.*  The information collected by Ministry of Education, Learning Support may be disclosed to other professional agencies (Education staff, medical and health professionals and welfare personnel) for these purposes. Your information will not be disclosed to people other than those listed above, unless it is authorised or required by law.  The information collected will be held at the office of the Ministry of Education, Learning Support, Auckland.You have the right under the Privacy Act to see this information and to ask for any inaccurate information to be corrected.  Should you not wish to provide any information requested, please contact a member of staff who will explain the consequences of not supplying it.  The Ministry of Education, Learning Support will respect the confidentiality of the information collected including the data on this Request for Support form. The information will be used in the context of the request for service outlined on this form. It may also be used for statistical purposes in a way that will not identify the individual. | | | | | | | | | | |