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/ALLERGY ISSUES

Does your daughter/son have a medical or physical condition which could affect her/his learning and/or involvement in school activities? Please include details of any relevant allergies.

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.
____________________________________________________________________________________________________
____________________________________________________________________________________________________
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

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: _______________________________