## Pre-Enrolment Learning Support Information from Parents

### Child's Name: ________________________________

### Does your child have a diagnosis of any of the following:

- [ ] ASD - Autism Spectrum Disorder/Aspergers
- [ ] II - Intellectual Impairment
- [ ] VI - Vision Impairment
- [ ] Hi - Hearing Impairment
- [ ] PI - Physical Impairment
- [ ] SLI - Speech Language Impairment
- [ ] ADD - Attention Deficit Disorder
- [ ] ADHA - Attention Deficit and Hyperactivity Disorder
- [ ] ODD - Oppositional Defiance Disorder
- [ ] PDD - Pervasive Developmental Disorder
- [ ] Dyslexia
- [ ] Learning Disorder

### Has your child been seen by any of the following:

- [ ] Guidance officer
- [ ] Advisory Visiting Teacher (Type: ________________________________)
- [ ] Support Teacher Learning Difficulties
- [ ] Speech Language Therapist
- [ ] Youth Worker
- [ ] Occupational Therapy Services
- [ ] Physiotherapy Services
- [ ] Other: ________________________________

Please give details of any past, present or recent:

**PROBLEMS:** (e.g. behaviour, emotional, health and social)

**INVESTIGATIONS:** (e.g. eyesight, hearing)

**DIFFICULTIES:** (e.g. speech assessment)