NO

NO

*“Request for Approval for Enrolment in an Education Support Facility”* form signed by parent, local school principal, education support principal, the School Psychology Service, and endorsed by the Regional Executive Director.

Offer of enrolment (local placement), signed by principal, provided to the parent.

Local placement reviewed annually in collaboration with the principal, parent and the School Psychology Service.

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Offer of enrolment, signed by principal, provided to the parent.

Enrolment review is undertaken:

* Based on regular monitoring and review of educational need.
* At the end of Kindergarten, Year 3 and Year 8.
* Prior to the end of Pre-Primary for students with Global Developmental Delay.
* At key transition points.

**REQUEST FOR APPROVAL FOR ENROLMENT IN AN EDUCATION SUPPORT FACILITY**

**Student presents with high educational need**

**Eligibility for resourcing is established**

* Diagnosis of Intellectual Disability
* Diagnosis of Global Developmental Delay
* Diagnosis of Autism and demonstrated high educational need

**Enrol at local school with appropriate teaching and learning adjustments**

**The student meets the criteria for a standard enrolment**

* Parents consult with principal (education support facility or local school) to determine possible programs available.
* Liaise with School Psychology Service regarding enrolment options.
* Determination that an appropriate education program can be provided.

**A local placement at an education support facility may be appropriate for up to one year if the student does not meet the criteria for a standard enrolment but demonstrates high educational need**

* The level and intensity of adjustments required for students to access the curriculum are exceptionally high, demonstrated in the documentation to support local placement.
* Parents are aware of enrolment options and are agreeable to local placement.
* Education support facility is deemed to be the most appropriate placement for the student.

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|  | **REQUEST FOR APPROVAL FOR ENROLMENT IN AN EDUCATION SUPPORT FACILITY** |

Where a student demonstrates an exceptionally high educational need, placement in an education support setting may be permitted if it is agreed by the parent, education support facility principal and School Psychology Service.

The principal is responsible for facilitating enrolment reviews in collaboration with the parent and senior school psychologist or lead school psychologist.

In the case of enrolment through local placement, endorsement by the Regional Executive Director is required. Should a local placement be made, this does not guarantee additional resourcing. Resourcing is equitable to what would be provided in a local school.

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| **Student Details** | |
| Student’s Name: | Date of request: |
| Date of Birth: | Gender: 🞏 Male 🞏 Female |
| Student’s Residential Address: | |
| **Parent Details** | |
| Name(s): | Relationship to student: |
| Title and name of person(s) mail is to be addressed to: | |
| Postal Address (if different to student’s residential address): | |
| Phone (Wk): | Phone (Hm): |
| Phone (Mob): |  |
| **Current School Details** | |
| Current School: | Current Year Level: |
| School Address: | Phone: |
| Principal: | Teacher: |
| Key person who collaborated with the parent on this request (name and role): | |
| **Enrolment Request Details** | |
| Date enrolment requested from: | |
| Enrolment review date : | |
| Enrolment request location: | |

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| **PARENT/GUARDIAN CARER TO COMPLETE** | |
| ***Have the following options and resources been discussed with you?*** | ***Have you:*** |
| 🞏 Local school enrolment | 🞐 Been informed of the process for applying for enrolment? |
| 🞏 Education support centre | 🞐 Visited the school/centre you would like your child to enrol at? |
| 🞏 Education support school | 🞐 Understood that education support enrolments are subject to review? |
| 🞏 Transport | 🞐 Understood that if transport is offered it will be according to the Public Transport Authority? |
| 🞏 Individual disability allocation | 🞐 Understood that Local Placement does not guarantee additional resourcing? Resourcing is equivalent to what would be provided in a mainstream school. |
| 🞏 Statewide Specialist Services | 🞐 Been happy with the quality of information provided to you? |
| I am requesting approval for my child to enrol at an Education Support Facility because  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I would like to make an application for enrolment at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that this application for enrolment does not guarantee placement in my preferred facility or supplementary resourcing.  🞐 I understand that this is a standard enrolment and will be reviewed December 2019.  OR  🞐 I understand that this is a local area placement and will be reviewed in 12 months  Parent Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_  Principal’s Name and Signature: Gayle Nelson Date: \_\_\_/\_\_\_/\_\_\_\_ | |
| Attached: 🞏 Detailed School Psychologist Report  🞏 Details of the local placement program  🞏 Other | |
| **Office use only** | |
| Endorsement by  Lead School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_  Psychologist Name Signature Date  Endorsement by Regional Executive Director  (Local Area Placement only )  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_  Name Signature Date | |