



**EDUCATIONAL NEEDS SURVEY -  
TO DETERMINE A STUDENT'S EDUCATIONAL NEEDS.**

Dear Parents,

At Vineyard Lutheran School our staff are committed to ensuring that every child has an opportunity to develop their God given gifts and abilities. There is nothing more exciting than seeing a child grow and develop and our staff understand the great privilege that comes with partnering with parents to guide children through their learning journey. In order to ensure that every child can have a successful schooling journey, our staff require a full and comprehensive understanding of each child's needs.

This enrolment update form is designed to assist the school to make decisions about a child's educational needs for resourcing and transition. Parents should be aware that they have a duty to disclose information about their child's academic, social, emotional and behavioural progress thus far.

The information provided by parents on the 'needs survey' will be treated in accordance with the school's privacy policy. A 'collection notice' can be found on the final page of this document. Parents are reminded that by completing and signing the needs survey, parents are providing permission for the school and its selected staff to discuss your child's educational needs with Kindergarten / ELC staff.

If you wish to specifically discuss your child's needs, please book a time to come and see me as soon as possible.

Please return this form as soon as possible so we can start putting measures in place to support your child's transition.

We look forward to working in partnership with you in your child's educational journey, and seeing you all here at Vineyard in the near future.

Yours in Christ,

Geoffrey Strauss

Principal



CHILD'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 1 – PRE-VINEYARD EDUCATION

WHICH SCHOOL(S) HAS YOUR CHILD ATTENDED: \_\_\_\_\_

\_\_\_\_\_

HAS THE SCHOOL EVER SPOKEN TO YOU ABOUT CONCERNS THEY HAVE WITH YOUR CHILD'S DEVELOPMENT / PROGRESS THUS FAR?  YES  NO

IF YES, PROVIDE DETAILS (INCLUDING THE NAME OF THE PERSON WHO HAD CONTACT WITH YOU):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH PHOTOCOPIES OF ANY RECENT SCHOOL MID AND END OF YEAR REPORTS / ASSESSMENTS TO THIS FORM.

SECTION 2 - EDUCATIONAL NEEDS

DOES YOUR CHILD HAVE A KNOWN LEARNING DIFFICULTY OR PHYSICAL DISABILITY (INTELLECTUAL, PHYSICAL, HEARING, VISION, SOCIAL, EMOTIONAL)?

NAME OF DISABILITY: \_\_\_\_\_

DIAGNOSED BY: \_\_\_\_\_

DATE OF DIAGNOSIS: \_\_\_\_\_

PROVIDE DETAILS ON HOW THIS MAY IMPACT YOUR CHILD IN AN EDUCATIONAL SETTING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH RELEVANT DOCUMENTATION / REPORTS / ASSESSMENTS TO THIS FORM



SECTION 3 - HEARING AND VISION

HAVE YOUR CHILD'S EYES BEEN TESTED?  YES  NO

BY WHOM? \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOES YOUR CHILD NEED TO WEAR GLASSES, HAVE VISION AIDS, SCRIBES, ETC.?  
 YES  NO

IF YES, PLEASE PROVIDE RELEVANT WRITTEN INFORMATION / REPORTS TO ASSIST THE SCHOOL?  
 YES  NO

HAS YOUR CHILD HAD A HEARING TEST?  YES  NO

BY WHOM? \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOES YOUR CHILD NEED AIDS, ACOUSTIC CONSIDERATIONS IN THE CLASSROOM?  
 YES  NO

IF YES, PLEASE PROVIDE RELEVANT WRITTEN INFORMATION / REPORTS TO ASSIST THE SCHOOL

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SECTION 4 - SUPPORT SERVICES

DOES YOUR CHILD (OR HAS YOUR CHILD PREVIOUSLY) RECEIVE SUPPORT FROM ANY OF THE FOLLOWING SERVICE PROVIDERS? (PLEASE TICK)

- COUNSELLOR
- PSYCHOLOGIST
- OCCUPATIONAL THERAPIST
- SPEECH THERAPIST
- PAEDIATRICIAN
- OTHER RELEVANT HEALTH PROVIDERS

PLEASE PROVIDE DETAILS AS TO THE WHY YOUR CHILD HAS RECEIVED SUPPORT FROM THESE SERVICES:

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SECTION 5 – BEHAVIOURAL ISSUES

DOES YOUR CHILD PRESENT WITH ANY BEHAVIOURAL ISSUES WHICH ARE LIKELY TO IMPACT THEM OR THEIR PEERS IN THE CLASSROOM?  YES  NO

IF YES, PLEASE PROVIDE FURTHER INFORMATION

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SECTION 6 – GENERAL MEDICAL / HEALTH ISSUES

IS YOUR CHILD ENTITLED TO RECEIVE A CHILD DISABILITY ALLOWANCE?  YES  NO

IS YOUR CHILD ON ANY REGULAR PRESCRIBED MEDICATION, E.G. EPILEPSY, ADHD?  YES  NO

NAME OF MEDICATION: \_\_\_\_\_

IS THERE ANY OTHER GENERAL HEALTH ISSUES THAT THE SCHOOL SHOULD BE AWARE OF (ANXIETY, FEARS, PHOBIAS, BED WETTING? ETC):

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SECTION 7 - COMMUNICATION

IS YOUR CHILD FROM AN ESL (ENGLISH AS A SECOND LANGUAGE) BACKGROUND?  YES  NO

IS YOUR CHILD FROM AN INDIGENOUS BACKGROUND?  YES  NO

SECTION 8 - INDEPENDENCE

CAN YOUR CHILD MANAGE PERSONAL CARE NEEDS INDEPENDENTLY, E.G. TOILET, BAG AND DESK ORGANISATION?  YES  NO

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SECTION 9 – OTHER RELEVANT INFORMATION

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT THE ENROLMENT NEEDS OF YOUR CHILD?

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I ACCEPT THAT UPON COMPLETION AND RETURN OF THIS FORM THE SCHOOL MAY:

- Make contact with my child's former School
- Meet my child within the School setting
- Discuss the completed needs survey with the appropriate School staff
- Undertake a process to establish the needs of the child
- Where necessary, arrange a meeting with you to discuss the needs survey and seek further clarification

I hereby declare the attached information to be true and correct.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reminder: Please attach any documentation in relation to special needs (reports, action plans, assessments, etc. if applicable).

Before forwarding this Application Form, please ensure that ALL sections are completed. If necessary n/a (not applicable) should be used where appropriate. Failure to accurately complete all sections of the Application Form may result in the school's inability to accommodate your child's needs and may affect your child's continued enrolment.

COLLECTION NOTICE

Vineyard Lutheran School collects personal information about students, school employees, school governors and others who interact with the organisation. The primary purpose of collecting this information is to enable the organisation to provide services to students, schools or others. The organisation may from time to time disclose personal information to others for advisory, administrative or educational purposes. Such disclosures will only be in relation to the primary purpose of collection, or for secondary purpose, related to the primary purpose, and which the individual would reasonably expect. If the organisation does not receive the information referred to above, it may not be able to provide the relevant service to the school, student, school employee or others. Any questions in relation to the collection, use and disclosure and retention of personal information collected by the organisation can be directed to the Principal.