



Part B

Name of Prospective Student: _____

Date of Birth: ____ / ____ / _____ Application to Enter Year ____ in 20____

At Xavier Catholic College, we aim to cater to each student’s individual needs. To do this we ask you to share with us important information you have about your child. This information is managed within our privacy principles and is used to identify the needs of incoming students through our Enrolment Support Process and to better inform teachers about what will assist your child’s education at Xavier.

Please **answer all questions in all sections** and return with your Enrolment Expression of Interest Form and other required documentation.

LEARNING DIFFICULTIES / DISABILITIES

a. Does your child have identified needs in one or more of the following areas? Yes No

Please tick to indicate which areas:

<input type="checkbox"/> Intellectual Impairment	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech Language Impairment
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Specific Learning Difficulty
<input type="checkbox"/> Other: _____		

b. Has your child been (or is in the process of being) ascertained /verified under any disability category?

Yes No (If Yes, please supply details):

c. Has your child been appraised for learning difficulties? Yes No

Please tick any of the following that may be or have been difficulties for your child.

Social / Emotional: (please tick)			
<input type="checkbox"/> Friendships	<input type="checkbox"/> Conflict with other students	<input type="checkbox"/> Conflict with teacher	<input type="checkbox"/> Bullied / Teased by others
<input type="checkbox"/> Rejected by peers	<input type="checkbox"/> Negative Peer Pressure	<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Shyness
<input type="checkbox"/> Motivation	<input type="checkbox"/> Depression	<input type="checkbox"/> General Maturity	<input type="checkbox"/> Negative Attitude to school
<input type="checkbox"/> Worrier	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Anger / Frustration	<input type="checkbox"/> Easily Upset
<input type="checkbox"/> Confidence	<input type="checkbox"/> School avoidance /refusal		
<input type="checkbox"/> Other: _____			
Work Habits: (please tick)			
<input type="checkbox"/> Organisation	<input type="checkbox"/> Completion of work	<input type="checkbox"/> Completing Homework	<input type="checkbox"/> Completing Assignments
<input type="checkbox"/> Working in Groups	<input type="checkbox"/> Concentration	<input type="checkbox"/> Not working to ability	<input type="checkbox"/> Working Independently
<input type="checkbox"/> Other: _____			
Behaviour: (please tick)			
<input type="checkbox"/> Disrupting class	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Following Teacher Directions	<input type="checkbox"/> Cooperation
<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Accepting Teacher Correction	<input type="checkbox"/> Excessive / disruptive talking	<input type="checkbox"/> Defiance
<input type="checkbox"/> Fighting (physical)	<input type="checkbox"/> Bullying / Teasing others		
<input type="checkbox"/> Other: _____			
Any other difficulties my child has experienced:			



Part B

Has your child been prevented from attending school (suspension/exclusion) as a consequence of their behaviour?

Yes No *If Yes, provide details:*

Previous Child Development / Learning Support:

Has your child received School or other support for any particular reason? Yes No

If Yes, what type of support have they received: *(please tick)*

School Supports / Services

- Learning Support Teacher
- Inclusion / Integration Teacher
- E.S.L Teacher
- Advisory Visiting Teacher
- School Counsellor / Guidance Officer
- Special Ed. Development Unit
- Appraisalment
- Remedial Program
- Behaviour Support
- Gifted and Talented Program
- ECIP
- Other _____

Please briefly describe, support provided: _____

Other Supports /Services

- Paediatrician
- Occupational Therapist
- Early Intervention / Development Team
- Optometrist
- Audiologist
- Psychologist
- Counselling
- Child Psychiatrist
- Child and Youth Mental Health
- Community Health Clinic
- Speech Pathologist / Therapist
- Other Community agency support: _____

Please briefly describe, support provided and **attach** any relevant reports to better understand your child’s needs and supports provided

Traumatic or Significant Life Events

Have there been any significant or traumatic experiences in your child life that have impacted on your child?

Yes No

If Yes, please explain below or discuss at interview.

I/we have fully and accurately disclosed any information required by the school for its consideration in determining the prospective enrolment of my/our child. I/we give permission for the Principal / or his delegate to contact my child’s current/previous school to obtain academic / pastoral / medical or other information.

Parent/Guardian #1 NAME

Parent/Guardian #2 NAME



Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

Date: / /

Date: / /