

Cooinda Primary School

Independent Public School

EXPRESSION OF INTEREST FORM

SPECIALIST LEARNING PROGRAM FOR STUDENTS WITH AUTISM SPECTRUM DISORDER



Our Kids
Safe, Happy, Learning

Parents seeking a place for their child at the Primary Specialist Learning Program for Students with Autism Spectrum Disorder (Primary) at Cooinda Primary school must register their request by completing this form.

Applications should be fully completed and returned to the school with the requested documentation and signatures as soon as possible. Only provide copies of supporting documentation please (no originals).

Please note that submission of this Expression of Interest does not guarantee your child an offer of enrolment or a place within this specialist program.

Places within the program are limited and subject to differing spaces available within each year level.

Child's Surname : _____ First name: _____
Male/ Female DOB: _____ Parent Mobile: _____
Address : _____
Email : _____

I submit this Expression of Interest form with the following understandings :

- ◆ I am seeking a place for my child to attend the Primary Specialist Learning Program for Students with Autism Spectrum Disorder at Cooinda Primary School.
- ◆ If accepted, I will enrol my child at Cooinda Primary School on a full-time basis (Kindergarten attend 15hours per week) to access the Primary Specialist Learning Program for Students with ASD.
- ◆ Assessment of each student application for this specialist program requires that the school collect further specific student information. This may involve school staff liaising with the child's current school, other service providers, conducting parent and student interviews, as well as conducting student observations and further assessment.
- ◆ Safe transport of my child to and from the school to attend this specialist program is the responsibility of the parent/carer.
- ◆ Submitting this application does not guarantee that my child will receive an offer of placement in Cooinda Primary School Specialist Learning Program for students with ASD. Entry to this specialist program is subject to appraisal of each student application against specific eligibility criteria and a student selection process conducted by program staff. Places within the program are limited.
- ◆ Placement within this special program is subject to ongoing review.

Parent/Carer _____ / _____ / _____
(Name) (Signature) (Date)

1. My child has a formal diagnosis of Autism Spectrum Disorder.....
2. My child does not have an intellectual disability.....
3. I have attached a copy of the report confirming my child has Autism Spectrum Disorder.....
4. My child has other diagnosed conditions If yes, please specify.

5. I have attached documentation regarding my child’s other diagnosed conditions.....
6. My child experiences significant organisational, social or self-regulation challenges in their current educational setting. If yes, please comment _____

7. My child experiences academic challenges in their current educational setting. YES/NO
 If yes, please comment _____

8. My child’s most recent school report is attached

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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- My child follows directions at home.
- My child has familiar family routines (e.g bedtime routine etc).
- My child manages changes to routines.
- My child communicates needs to family members.
- My child participates in family actives.
- My child will tell you if they are hurt.
- My child can have a conversation with a family member about something they are interested in.
- My child follows rules in simple games.
- My child can take care of personal possessions.
- My child has friendships outside family members.

Given the opportunity, such as in free time, what would your child choose to do?

What is the most calming thing for your child? _____

What is the biggest challenge your child currently faces? _____
