



SPECIALIST LEARNING PROGRAM-AUTISM SPECTRUM DISORDER (SLP)
EXPRESSION OF INTEREST

Please complete both sides of the page

Applying for Entry into year: **7 8 9 10 11 12**

STUDENT DETAILS

First name: _____

Surname: _____

Gender: _____ Date of Birth: _____

Parent(s)/ carer(s) name: _____

Phone: _____ Mobile: _____

Address: _____

Name of current school: _____

Current school's phone and address: _____

DOCUMENTS TO BE PROVIDED

Please include with this application the following supporting documentation:

- Recent NAPLAN Report
- Recent School Reports from the last 2 years prior to application
- Confirmed diagnosis Autism Spectrum Disorder under DSM Criteria including Paediatrician, Psychologist, Speech Pathologist reports, noting that there isn't an accompanying intellectual impairment
- Signed permission to Release and Exchange Information form as we would like to visit your child's school to discuss eligibility and ascertain their needs
- Any additional comments and any further information _____

PARENTAL AGREEMENT

I submit this form with the understanding my child:

- Is academically capable of understanding the content tasks and working at or near the year level enrolled
- Manages their behaviour independently or through the use of predetermined prompts and or strategies
- Will take part in all community based learning activities, with parents providing the financial resources required. *i.e. bus, fare entry, lunch money.*
- Independently manages personal care requirements
- Will be provided with safe transport, facilitated by parents/ carers. *(Student may be eligible for specialised bus services)*
- And suitability for the program is reviewed annually.

Signed: _____ Date: _____

ADDITIONAL INFORMATION:

Any additional information supporting a student's application and success in the SLP should be submitted along with your enrolment application. The school accepts applications from outside the Eaton Community College boundary intake area. The placements are determined at the discretion of the panel who will advise in writing at the earliest convenience the application outcome. Unsuccessful applicants have the opportunity to appeal and will be provided information regarding how to appeal.



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PERMISSION TO RELEASE AND/OR EXCHANGE INFORMATION

Eaton Community College would like to be able to contact your current school, and any other agencies that have been assisting you and your child. We want to make sure the transition to the SLP is as smooth as possible.

I, _____ (*Parent/Carer name*) give permission for the agencies/ people listed below to release and or exchange information pertaining to my child.

Name of Student: _____ **Date of Birth:** _____

EXTERNAL AGENCIES: E.g. *Child Adolescent Mental Health, Dr Rupert Smith etc.*

Name of Agency/ Contact Person: _____

Name of Agency/ Contact Person: _____

Name of Agency/ Contact Person: _____

CURRENT SCHOOL STAFF:

Name of current school: _____

Name of current Teacher: _____

Name of current Associate Principal: _____

Name of current Principal: _____

Name of current School Psychologist: _____

Information will be released to Eaton Community College Principal, Associate Principal, Program Coordinator and School Psychologist. This Permission Form will remain valid for a period of 12 months

- I have read the above or had this consent form explained to me and understand how and why the information pertaining to my child will be exchanged and shared.
- Information obtained will be kept in strictest confidence.
- I will notify the Associate Principal at Eaton Community College should I wish for this agreement to cease.
- I understand this form, the process and agree to the exchange and sharing of information for the student listed above:

Name: _____ Signature: _____

Relationship to Child: _____ Date: _____

Please return this form by mail or in person by: Wednesday October 17th

ATTN: Program Coordinator Specialised Learning Program (ASD)
Eaton Community College
20 Recreational Drive Eaton WA 6232
Ph: (08) 97967000