



PARKLANDS CHRISTIAN COLLEGE

College Address: 11 Hillcrest Road Park Ridge Qld 4125

Phone: 07 3380 4200 Fax: 07 3802 0711

Email: registrar@parklands.qld.edu.au Web: <http://www.parklands.qld.edu.au/>

ABN: 58 097 063 584

EDUCATIONAL SUPPORT ASSESSMENT FORM

This form is necessary to ensure we can provide the correct and appropriate care for your child.

Student Information – please complete all applicable details

Surname _____ Christian Names _____

Gender: Male Female Date of Birth _____ / _____ / _____

Has your child been assessed by any of the following Specialist Services?

Specialist Services	Yes/No	Is your child attending now?	Copy of Report
1. State/Child Guidance			
2. Speech Pathologist			
3. Occupational Therapist			
4. Physiotherapist			
5. Psychiatrist			
6. Specialist Clinic (Hospital/Private)			
7. Audiology Clinic			
8. Educational Psychologist			
9. Paediatrician			
10. Other (eg. Optometrist)			

MEDICAL HISTORY

Please circle appropriate response

Parental Concerns	Yes / No
Birth Issues	Yes / No
Vision Concerns	Yes / No
Hearing Concerns	Yes / No
Allergies	Yes / No

EDUCATIONAL SUPPORT ASSESSMENT FORM (continued)

DEVELOPMENT HISTORY

Has your child ever been diagnosed as having any of the following?

Challenges/Impairment		Date of Diagnosis	Paediatrician/ Other Specialist Report/Letter
Autistic Spectrum Disorder (including Aspergers)	Yes / No		
Hearing Impairment	Yes / No		
Intellectual Impairment	Yes / No		
Physical Impairment	Yes / No		
Social/Emotional Impairment	Yes / No		
Speech Language Impairment	Yes / No		
Vision Impairment	Yes / No		
Conditions/Behaviours that interfere with learning (eg. ADD, ADHD,OCD)	Yes / No		
Dyslexia	Yes / No		
Learning Difficulty	Yes / No		

Please list any medication that your child is taking regularly:

Is there any other information that the College should be aware of in order to meet your child's educational needs? eg. chronic illness; broken schooling; physical coordination; history of learning and/or organisational difficulties (Maths, English, spelling, phonics, reading); past learning support.
Please supply FULL details on a separate page.

Information supplied on this form is true and complete. *(Please ensure both signatures, if applicable, are present)*

Father /Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Thank you for completing this important information.

INFORMATION SUPPLIED WILL BE TREATED CONFIDENTIALLY.

*Information that is not disclosed relating to a medical condition/disabilities that affects the provision of educational services by Parklands Christian College may result in the review of any decision made to admit your child as a student at the College.

Please return signed and completed form to:
The Registrar
Parklands Christian College
11 Hillcrest Road
Park Ridge QLD 4125
Ph: 07 3380 4200