



Parklands
CHRISTIAN COLLEGE
Foundations for life

Education 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: _____ 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



Education Support Assessment Form (continued)

DEVELOPMENT HISTORY

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

CHALLENGES/IMPAIRMENT		EVIDENCE OF DIAGNOSIS	DATE PROVIDED
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)

Parent 1/Guardian Signature: _____ Date: _____

Parent 2/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