

Expression of Interest – Specialised Autism Learning Program (SALP)

Student Surname: _____ Student Given Name: _____

Parent Name: _____ Gender: Male Female Birth Date: _____

Address: _____

Applying for entry in: Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Current School: _____ Phone: _____

How did you learn about Ashdale SC's SALP? Advertisement Primary School Centre for including school Website Other

Please tick which evidence is included in your portfolio for application to the Autism Extension Program and return this form with the supporting material attached.

- Recent school report
- Recent NAPLAN report
- Recent OLNA report (for students in Year 10, 11 and 12)
- Diagnosis of Autistic Spectrum Disorder / Asperger's Syndrome
- Signed permission to release and exchange information form (attached)

Parent agreement: I submit this form with the understanding my child;

- Is academically capable of understanding and coping with grade level content and tasks
- Manages behaviour independently or through the use of pre-determined prompts / strategies
- Independently manages personal care requirements
- Will be provided with safe transport to and from the SALP

Signed: _____ **Date:** _____

Additional information: (please include an additional page if required.)

Permission to Release and/or Exchange Information

I, _____ give permission for the agencies / people listed below to release and / or exchange information pertaining to the student(s) listed below;

First Name	Surname	Date of Birth

I give permission to the following agencies and contacts:

<input type="checkbox"/>	Ashdale Secondary College	
<input type="checkbox"/>	Department of Education – SSEND Directorate	
<input type="checkbox"/>	Primary School current attending	Contact:
<input type="checkbox"/>	School Pyschology Services	Contact:
<input type="checkbox"/>	Private Medical Specialist	Contact:

Notes:

I understand that information pertaining to my child will be exchanged and shared for the purpose of determining suitability for enrolment or planning for my child’s progress at school. information obtained will be kept in strictest confidence.

This permission form will remain valid for the period of my child’s enrolment. Should I wish for this agreement to cease or would like to discuss the manner in which information is shared, I will contact Ashdale Secondary College in writing through the SALP Program Coordinator for students with ASD, Vanessa May.

Name:

Signature:

Relationship to child/ren:

Date: