

Expression of Interest – Specialised Autism Learning Program (SALP)

Student Surname: _____	Student Given Name: _____
Parent/Guardian Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____
Address: _____	Email: _____
	Contact Number: _____
Applying for entry in: <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12
Current School: _____	School contact: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Recent school report | <input type="checkbox"/> Diagnosis of Autistic Spectrum Disorder / Asperger’s Syndrome |
| <input type="checkbox"/> Recent NAPLAN report | <input type="checkbox"/> Signed permission to release and exchange information form (attached) |
| <input type="checkbox"/> Recent OLN report (for students in Year 10, 11 and 12) | |

Parent/Guardian 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

I declare that all information provided on this form is true and accurate.

Parent/Guardian Declaration

If this application is successful;

- I acknowledge that ongoing participation will depend upon:
 - Participation in a formal process conducted annually to map your child’s progress against success criteria and to review ongoing program suitability to meet their needs.
 - Participating in a formal person-centred planning program (CompPAS) to assess and plan for your child’s senior school and post-school pathway.
 - Your child exiting the program and transitioning into the mainstream College when they meet the success criteria.
 - Engagement with and support of the goals and aims of the of the SALP.

Signed: _____

Date: _____

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 Psychology 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 the 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, Renee Tyler.

Name:

Signature:

Relationship to child/ren:

Date: