

# ADDITIONAL SUPPORT NEEDS



At Innisfail State College we endeavour to support a wide range of students and their diverse needs. Please read and complete the following (if applicable).

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Q) Is your student likely to require additional support from a range of educational staff and/or other support agencies?  Yes  No (please complete and return)

General – Complex Needs that are not a disability	
<input type="checkbox"/>	Behaviour
<input type="checkbox"/>	English as an Additional Language or Dialect (EAL/D)
<input type="checkbox"/>	Gifted and Talented
<input type="checkbox"/>	Learning Difficulties
<input type="checkbox"/>	Out of Home Care
<input type="checkbox"/>	Refugee
<input type="checkbox"/>	General - Other

Cognitive	
<input type="checkbox"/>	Attention Deficit Disorder (ADD)
<input type="checkbox"/>	Attention Deficit Hyper-Activity Disorder (ADHD)
<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Intellectual Impairment
<input type="checkbox"/>	Foetal – Alcohol Syndrome
<input type="checkbox"/>	Cognitive - Other

Physical	
<input type="checkbox"/>	Physical Impairment (PI)
<input type="checkbox"/>	Downs Syndrome
<input type="checkbox"/>	Asthma and/or other medical conditions
<input type="checkbox"/>	Physical - Other

Social / Emotional	
<input type="checkbox"/>	Anxiety Disorder
<input type="checkbox"/>	Autism Spectrum Disorder (ASD)
<input type="checkbox"/>	Conduct Disorder (CD)
<input type="checkbox"/>	Oppositional Defiance Disorder (ODD)
<input type="checkbox"/>	Reactive Attachment Disorder (RAD)
<input type="checkbox"/>	Self-Harm
<input type="checkbox"/>	Trauma/Post Trauma Stress Disorder (PTSD)
<input type="checkbox"/>	Social / Emotional - Other

Sensory	
<input type="checkbox"/>	Hearing Impairment (HI)
<input type="checkbox"/>	Visual Impairment (VI)
<input type="checkbox"/>	Sensory Processing Disorder
<input type="checkbox"/>	Sensory – Other

If a need has been identified, please provide additional information below:

Conditions	Potential Impact at School

Parent/Caregiver Information	Medical and/or Educational Record/s	External Agency Information	Previous School / Education System	Other
<input type="checkbox"/> Documented	<input type="checkbox"/> Documented	<input type="checkbox"/> Documented	<input type="checkbox"/> Documented	<input type="checkbox"/> Documented
<input type="checkbox"/> Verbal	<input type="checkbox"/> Verbal	<input type="checkbox"/> Verbal	<input type="checkbox"/> Verbal	<input type="checkbox"/> Verbal
<input type="checkbox"/> Observed	<input type="checkbox"/> Observed	<input type="checkbox"/> Observed	<input type="checkbox"/> Observed	<input type="checkbox"/> Observed

