

TVET EXPRESSION OF INTEREST – ADDITIONAL INFORMATION DATE: ___ / ___ / ___

DEC SCHOOLS PLEASE NOTE: This form must accompany the Expression of Interest Form and, to be included in the first round of funding, both are to be submitted by the due date of Friday 16 August 2016.

The following information is intended as a support for students with disabilities who are applying for enrolment into TVET classes at TAFE. It will be used in assessing the level of support that may be required for successful placement into these classes.

Please complete all relevant sections and attach the student's health care plan and Training Plan if they have one.

<u>FAMILY NAME:</u>	<u>GIVEN NAME:</u>	<u>TVET COURSE:</u>
		<u>COLLEGE:</u>
<u>SCHOOL</u>	<u>SCHOOL CONTACT PERSON</u>	<u>SUPPORT TEACHER TRANSITION</u>
<u>PHONE NUMBER:</u>	<u>POSITION:</u>	
DOB:	YEAR:	SEX:
WORK EXPERIENCE: (Please provide details)		

DISABILITY: You must place a **P** in the box next to Primary Disability and **S** in the box next to Secondary Disabilities. Tick against any additional Disability.

<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Physical
<input type="checkbox"/> Learning	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Autism	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other _____

In the table below outline, where appropriate, the impact on classroom learning of the disability for each category and the support strategies that the student is currently receiving to meet these needs.

CATEGORY	IMPACT ON CLASSROOM LEARNING	CURRENT SUPPORT STRATEGY
Curriculum		
Expressive Language		
Receptive Language		
Social Competence / Behavior		

STUDENT'S NAME: _____

Safety		
Hygiene		
Eating and Dietary		
Health Care		
Mobility		
Hand Motor		
Other		

Please note any other risk management strategies:

PLEASE RETURN COMPLETED FORM TO THE SUPPORT TEACHER TRANSITION FOR YOUR SCHOOL