



EXPRESSION OF INTEREST FORM SPECIALISED LEARNING PROGRAM FOR STUDENTS WITH AUTISM SPECTRUM DISORDER

Parents seeking enrolment for their child at the Specialised Learning Program - Autism (SLP-A) at Coodanup College must register their request by completing this Expression of Interest Form.

Please note that submission of this Expression of Interest does not guarantee your child an offer of enrolment or a place within this specialised program.

APPLICANTS DETAILS

Parent/Carer Name _____

Contact Details (Please circle preference): Phone _____ Email _____

STUDENT DETAILS

STUDENT NAME: _____

BIRTH DATE: _____ CURRENT YEAR LEVEL: _____

RESIDENTIAL ADDRESS:

CURRENT SCHOOL: _____

OTHER AGENCIES/SERVICES providing specialist input or intervention for my child:

Providers Name: _____ Role _____

Contact Person _____

I give permission for the agency/person listed to release information pertaining to my child with regard to this Expression of Interest
_____ (Parent signature)

Providers Name: _____ Role _____

Contact Person _____

I give permission for the agency/person listed to release information pertaining to my child with regard to this Expression of Interest
_____ (Parent signature)

Please or the boxes below.

SUPPORTING INFORMATION AND DOCUMENTATION

1. My child has a diagnosis of Autism Spectrum Disorder (ASD)
2. My child does not have an intellectual impairment
3. I have attached the report stating my child has ASD
4. My child has other diagnosed conditions If yes, please specify.

5. I have attached documentation regarding my child's other diagnosed conditions
6. My child manages their own personal needs independently:
Toileting Dressing Drinking Eating
7. My child experiences significant organisation, social and self-regulation challenges in their current education setting If yes, please comment _____

8. My child experiences academic challenges in their current education setting. If yes, please comment _____

I submit this Expression of Interest with the following understandings:

- I am seeking enrolment for my child to attend the SLP -A at Coodanup College.
- If accepted, I will complete an official enrolment form for Coodanup College and understand that this enrolment will be a full-time enrolment in order for my child to access the Program.
- Assessment of each Expression of Interest requires that the College collect further information and may involve the College liaising with other service providers, parent and student interviews as well as conducting observations and further assessments.
- Safe transport of my child to and from the College to attend this Specialised Program is the responsibility of the parent/carer.
- Submitting this Expression of Interest for the SLP – A, does not guarantee my child will receive an offer of a place. Entry to this program is subject to ratings of each student against the eligibility criteria as per the selection process conducted by the Coodanup College Program Coordinator, staff and Principal and is subject to availability of places. (Places in the program are limited).
- My child's enrolment in the program is subject to review at any time.

Parent/carer _____
Name Signature Date