**Learning Support Waikato- Request for Support Form**

The completion of this form is essential to help us understand your needs. Please complete the request form with as much detail as possible before lodging (details embedded in form). V2 June 2024.

 Please email the completed form and supporting documentation to waikato.referrals@education.govt.nz

**Date of Request:**

**Referrer Information**

|  |  |  |
| --- | --- | --- |
| Agency/Facility: |  | # |
| Address: |  |
| Email: |  |
| Facility Phone: |  |
| Cell: |  |
| Name of person making the request: |  |
| Role of referrer: |  |

|  |  |
| --- | --- |
| Request for support for: |  |
| Behaviour [ ]  | Communication [ ]  |
| Complex needs [ ]  | Early Intervention [ ]  |
| Other (Specify) [ ]  |

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| --- | --- |
| **If more than one area of concern, please indicate the MAIN concern:** |  |

**SECTION 1**

For Medical professionals please complete SECTION 2 and attach relevant referral letter and signed consent from legal caregiver.

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| **Please identify the area/s of learner need, and complete the relevant sections**[ ]  Speech & Language / Communication - Complete Sections 2, 3 and 8[ ]  Cognition and Learning - Complete Sections 2, 4 and 8[ ]  Social, Emotional and Behavioural - Complete Sections 2, 5 and 8[ ]  Sensory including Audiology Referrals - Complete Sections 2, 6 and 8[ ]  Physical - Complete Sections 2, 7 and 8[ ]  Identifying the needs of the team – Compulsory completion for Education sector of Section 9 |

**SECTION 2**

**Learner Information**

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| Has this referral been discussed with legal parent/caregiver/whānau | Yes [ ] No [ ]  Parent permission is **required** before submitting this request. |
| **Legal parent/caregiver please sign:**  |  |

Child/learner’s information:

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| --- | --- | --- |
| First name: | Surname: | Also known as: |
| DOB |  | Gender |  | NSN/ELI No: |  | NHI No: |  |
| Ethnicity:  |
| Asian [ ]  | Chinese [ ]  | Cook Island Māori [ ]  | Indian [ ]  | Niuean [ ]  |
| NZ European [ ]  | NZ Māori [ ] **Iwi or Tribal affiliation:** | Samoan [ ]   |
| Somali [ ]  | Tokelauan [ ]  | Tongan [ ]  | Unknown [ ]  | Not disclosed [ ]  |
| Other Please specify [ ]  |
| Language spoken at home: |  |

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| --- | --- | --- |
| **Whānau Information** | Primary caregiver | Secondary caregiver |
| Name of parent/guardian  |  |  |
| Relationship to child |  |  |
| Address  |  | If different to Primary caregiver. |
| Town/city |  |  |
| Postcode |  |  |
| Phone number  |  |  |
| * Cell
 |  |  |
| * Work
 |  |  |
| Email  |  |  |

**Is the referrer other than the Education facility** [ ]

**Education Facility learner is attending:**

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| --- | --- | --- |
| Name of ECE/school and facility number if known: |  | # |
| Address: |  |
| Name of Key Contact:Role: |  |
| Phone  |  |
| Email |  |

**Name who else is currently or has previously supported whānau:**

|  |  |  |  |
| --- | --- | --- | --- |
| Oranga Tamariki [ ]  | Child Development Centre [ ]  | RTLB [ ]  | Paediatrician [ ]  |
| Police [ ]  | ACC [ ]  | Mental Health Organisation [ ]  |
| Non-Government Organisation (Specify): | Health Specialist (Specify): |
| Other (Specify): |

**SECTION 3 - Speech & Language / Communication**

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| After considering what is ***age-appropriate*** as defined in MOE [Much More Than Words](https://seonline.tki.org.nz/Educator-tools/Much-More-than-Words) document (please attach) the learner’s communication difficulty is primarily (tick one or more boxes): [ ]  Expressive Language (use of language) i.e. the words they use language (vocabulary) and the way they organize their words into complete, meaningful, phrases/sentences or personal stories/narratives. [ ]  Sounds i.e. the way they use speech sounds in a clear way so others can understand them.[ ]  Receptive Language (understanding of language) i.e. the way they listen, follow instructions, understand questions, think critically and retain information.[ ]  Social Use of Language including Social Interaction i.e. the way they form and maintain friendships, the way they use their body language, the way they maintain a topic of conversation or balance conversational turns. [ ]  Requiring support with the use of NZ Sign language [ ]  Cultural and Linguistic Diversity Needs/ ESOL[ ]  Other – i.e. hearing, voice quality concerns, stuttering, phonological awareness/emergent literacy – something else - please add more information here: Click here to enter text.[ ]  StutteringWhat supports/ resources have the team accessed/ tried? Click here to enter text.How does this need impact on the learner? Click here to enter text. |

**SECTION 4 - Cognition and Learning**

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| After considering what is age-appropriate; identify the learner’s primary areas of need (tick one or more boxes):[ ]  Attention and focusing [ ]  Planning and sequencing[ ]  Following instructions [ ]  Making choices and decisions[ ]  Playing and imagining [ ]  Processing information[ ]  Reasoning and problem solving [ ]  Persevering e.g., lack of ability to stay on task[ ]  Memory [ ]  Advanced learner/gifted[ ]  Self-perception as a learner [ ]  Play skills e.g. parallel play, play sophistication[ ]  Phonological awareness [ ]  Comprehension[ ]  Number sense [ ]  Other numeracy needs[ ]  Cognitive function / learning gap [ ]  Other Click here to enter text.What supports/ resources have the team accessed/ tried? E.g. In-class support, ORS applications, RTLB service, small group coaching. Click here to enter text.How does this need impact on the learner? Click here to enter text. |

**SECTION 5 - Social Emotional and Behavioural**

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| After considering what is age-appropriate identify the learner’s primary areas of need (tick one or more boxes): **Social Awareness**[ ]  Empathy [ ]  Maintaining Eye Contact[ ]  Managing Peer Relationship [ ]  Maintaining Personal Space**Emotional Regulation**[ ]  Managing and expressing emotions [ ]  Resilience[ ]  Recognising emotions in others**External Behavioural Responses** [ ]  Physical aggression [ ]  Verbal aggression[ ]  Oppositional/Non-compliant [ ]  Running away/ absconding[ ]  Sexualised behaviours of concern **Internal Behavioural Responses** [ ]  Managing Anxiety [ ]  Attendance and Engagement[ ]  Eating [ ]  Low Mood/Depression[ ]  Self-Harm [ ]  Low Energy and Motivation[ ]  Socially Isolated/Withdrawn [ ]  Substance Abuse [ ]  Other: Click here to enter text.Describe the priority behaviours of concern including the frequency: Click here to enter text.How does this impact on the learner? Click here to enter text.How does this impact on teacher/ school/ ECE relationship with the learner? Click here to enter text.How does this impact on relationships with peers? Click here to enter text.What supports/ resources have the team accessed/ tried? Click here to enter text.Is RTLB currently involved with this child? Click here to enter text.Have you referred to the RTLB service? If so, when? Click here to enter text.***Please attach any relevant documents to demonstrate this need (e.g., pastoral records, ABC data sheets, PB4L Big graphs, stand-down/suspension records, previous plan/interventions, UBRS plan, other)*** |

**SECTION 6 – Sensory**

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| After considering what is age-appropriate; identify the learner’s primary areas of need (tick one or more boxes): [ ]  Vision - Low Vision or Blind[ ]  Hearing - Hard of Hearing or Deaf[ ]  Sensory/Regulation - Click here to enter text.[ ]  Other - Click here to enter text.How does this need impact on the learner? Click here to enter text.*(Please attach any Audiogram and/or APD diagnosis documents when submitting this form)* |

**SECTION 7 – Physical**

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| After considering what is age-appropriate identify the learner’s primary areas of need (tick one or more boxes): *Please note for ECE services this support is provided by Ministry of Health*[ ]  Fine Motor E.g. use of materials for writing, maths, art, assistive technology [ ]  Gross Motor E.g. Participation in Physical activities, playground equipment[ ]  Mobility/Accessibility E.g. Moving around/ between classrooms, steps, doorways[ ]  Managing self-e.g. toileting, hygiene, eating, dressing[ ]  Medical concerns e.g. allergies, epilepsy [ ]  Hypo-activity (under-active) [ ]  Hyper-activity (over-active)[ ]  Other Click here to enter text.How does this need impact on the learner? E.g., required adaptations, support, equipment Click here to enter text. *For City schools Physical Disability Service (PDS), please send* [PhysicalDisabilityApplication.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.education.govt.nz%2Fpublic%2FUploads%2FPhysicalDisabilityApplication.docx&wdOrigin=BROWSELINK) *form directly to OTRS via* *info@otrs.co.nz**. Please visit* [The Physical Disability Service – Education in New Zealand](https://www.education.govt.nz/school/student-support/special-education/the-physical-disability-service/#sh-Physical%20Disability%20Service) for more information about this service. For schools outside of the city please send to lswaikato.referrals@education.govt.nz  |

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| **Tell us about your ECE service or School. What are the priorities/challenges/needs across your service?****Could you describe your capacity to integrate new skills into your teaching practice to support learners?****Are there multiple needs across the school/ centre/ classroom that are similar? Please describe:****What are whānau concerns and priorities for their tamaiti?****What supports/ PLD are you currently or have previously engaged with:** School sector – tick one or more boxes:[ ]  PB4L Suite: School wide/ Huakina Mai/ Restorative Practices/Check and connect/ Te Mana Tikitiki/ Incredible Years suite (parent, teacher, ASD), [ ]  Communication: Hanen, Much More than Words, Talk to Learn, Sound Talk[ ]  Behaviour Service: Trauma informed school/ Understanding Behaviour and Responding Safely, Emotional Regulation training, Prevent Teach Reinforce- School [ ]  Neurodiverse training tailored to specific needs [ ]  Other Click here to enter text.Early childhood sector – tick one or more boxes:[ ]  Neurodiverse training tailored to specific needs [ ]  SELO funded support [ ]  Behaviour support: Prevent teach Reinforce – Young child, He Māpuna te Tamaiti, Emotional regulation training, Trauma informed practices, Incredible Years suite (parent, teacher, ASD), Co-regulation coaching[ ]  Communication: Hanen, Much More than Words, Te Kōrerorero, [ ]  Other Click here to enter text.**How can we help your school/centre/staff to develop the skills needed to support tamariki?** Click here to enter text.**What is a realistic outcome for the team to achieve from this request for support?**Click here to enter text. |

**SECTION 8 – Identifying the needs of the team:**

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| **Is there anything else you may wish to tell us:** |

**SECTION 9 – Strengths and Interests of the child:**

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| **Can you please discuss the strengths and Interests of the child:** |

**Privacy Statement**

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| The Ministry of Education Te Mahau collects personal information about children and young people to support their learning and ensure that effective services are provided. Personal information is also used for quality assurance purposes to improve the quality of services provided, and for associated administrative and accountability purposes. The information is held by the Ministry of Education (PO Box 1666, Wellington) in a national database or sometimes paper files at local Ministry offices.Information may be shared with your child’s school or early childhood education provider but is not shared with other agencies except where necessary for the provision of services, or as authorised or required by law. It is not compulsory for you to provide any personal information, but we may not be able to provide the most effective services for your child if you don’t. You and your child have rights to request access to and correction of personal information held by the Ministry of Education Te Mahau. |

Please email the completed form and supporting documentation to

lswaikato.referrals@education.govt.nz