



Application for a Student Place at Woodbury

| | |
|----------------------------|--|
| Child's Full Name: _____ | |
| D.O.B.: _____ | Age: (Years) _____ (Months) _____ |
| Date of Application: _____ | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |

Mother's Name: _____

Address: _____

_____ Postcode: _____

Telephone: (h) _____ (w) _____ (m) _____

Email: _____

Father's Name: _____

Address: _____

_____ Postcode: _____

Telephone: (h) _____ (w) _____ (m) _____

Email: _____

Please indicate address for mail including invoices, and residential address of student by marking an M or R in the left hand margin beside the relevant address.

In which country was the student born?

Australia

Other – please specify..... _____



Does the student, or their mother/guardian, or their father/guardian speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often.)

| | | | |
|-----------------------------|--------------------------|-------------------------------|-------------------------------|
| | Student | Mother/parent1/ guardian 1 | Father/parent 2/ guardian2 |
| No, English only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, Other – please specify | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is the student of Aboriginal or Torres Strait Islander origin?

No.....

Yes, Aboriginal

Yes, Torres Strait Islander.....

Current Educational Setting and Level: _____

General Practitioner: _____ Phone _____

Has the applicant previously had an ABA Program: Yes No

Duration: From: _____ To: _____ Average weekly hours: _____

Service Provider: _____

Do we have permission to contact your service Provider? Yes No

List names, ages and schools of siblings

| Name | Age | School | Further Information |
|-------|-------|--------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



List all medications, allergies and dietary restrictions in detail
(add page if necessary)

| Medications | Purpose | To be administered at school? |
|-------------|---------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Allergic to | Symptoms | Required action by school |
|-------------|----------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Dietary Restrictions

Volunteering

It is a condition of entry that each family volunteer 10 hours each term for work to assist the school

In relation to meeting our voluntary commitment our areas of expertise are:-

Please enclose with this application:-

- Confirmation of diagnosis (Current Psychological or medical report from a specialist in the field of autism)
- Processing Fee of \$100.00
- Immunisation certification
- Other relevant reports – Speech, OT, Medical, Educational, ABA, Psychologist
- A 20 minute DVD/ Video of the applicant in structured and unstructured settings



Information about your Child

Please ✓ where appropriate
More detail will be gathered at the assessment interview

Communication

Speech:

- Is not yet talking
- Can indicate basic needs through speech
- Speaks in sentences

Non Verbal:

- Does not indicate needs in any way
- Uses sounds to indicate needs
- Uses signs or gestures to indicate needs
- Uses visual symbols to indicate needs

Understanding:

- Understands a few single words (less than 10)
- Understands simple instructions given in sentences
- Understands most of what is said

Sensory & Physical Development

Does your child have any problems or sensitivities in:

- hearing
- vision
- taste / touch / smell

Other physical disability (specify) _____

Toileting

- Not yet aware of toileting needs (still in nappies)
- Uses toilet if taken (toilet timed)
- Indicates need to use toilet but needs assistance
- Uses toilet independently



Behaviour

- Is not generally difficult to manage
- Is difficult to manage most of the time
- Stereopathy Frequent Infrequent

Describe _____

Social & Play Skills

- Prefers to be alone
- Prefers to be on the fringe of groups of peers
- enjoys social interaction with individual peers
- enjoys social interaction with individual adults
- enjoys social interaction with groups of peers
- plays appropriately alone
- never plays
- plays appropriate with peers
- play is repetitive
- engages in stereotypic activity when undirected

Relationships

- ignores the presence of others
- attends to faces of others
- anticipates with excitement
- enjoys simple adult led games
- participates as a partner in games
- enjoys and understands games with rules
- likes changes to activities
- enjoys and is able to improvise in play

Likes & Dislikes

List your child's preferred activities, interests and reinforcers



List activities your child dislikes?

List any particular object/s or situation/s which your child finds distressing? (Eg. crowds, unfamiliar situations, noises)

Motor Skills *(please comment on your child's level in the following skills)*

Gross Motor: _____

Fine Motor: _____

Pre / Academic skills *(please list strengths in reading /numbers / letters etc)*

Current treatments / therapies student is receiving: _____
