



Cooloongup
Primary School

OFFICE USE ONLY

Student Name: _____

Date Received: _____

Acknowledgement sent: _____

EXPRESSION OF INTEREST FORM
Specialised Learning Program for Students
with Autism Spectrum Disorder (K – 6)

Parents seeking enrolment for their child at the Specialised Learning Program for students with Autism Spectrum Disorder (K-6) at Cooloongup PS 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 specialist program.

Applicant Details

APPLYING PARENT/S DETAILS

PARENT/CARER NAME: _____

Contact Details:

Phone: _____ Email: _____

STUDENT DETAILS

STUDENT NAME: _____

D.O.B: _____ CURRENT YEAR LEVEL: _____

RESIDENTIAL ADDRESS: _____

CURRENT SCHOOL: (if applicable) _____

OTHER AGENCIES/SERVICES (e.g. Occupational Therapist) providing specialist input or intervention for my child:

Provider's Name _____ Role _____ Contact _____

Provider's Name _____ Role _____ Contact _____

Provider's Name _____ Role _____ Contact _____

I give permission for these agencies/persons listed to release and/or exchange information pertaining to my child with regard to this Expression of Interest.

(Parent/Carer signature)

(Date)

SUPPORTING INFORMATION AND DOCUMENTATION

Please **tick** or **cross** the boxes.

- 1. My child has a diagnosis of Autism Spectrum Disorder recognised in Western Australia.
- 2. My child does **not** have an intellectual disability.
- 3. I have attached the diagnostic report stating my child has Autism Spectrum Disorder.
- 4. My child manages their personal needs independently:
 - Toileting Yes/No _____
 - Dressing Yes/No _____
 - Drinking Yes/No _____
 - Eating Yes/No _____
- 5. My child has other diagnosed conditions . If yes, please specify:

- 6. I have attached documentation regarding my child's other diagnosed conditions.
- 7. My child experiences significant organisation, social and self-regulation challenges in their current educational setting. If yes, please comment: _____

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

- 9. Have you put in an Expression of Interest at other programs? Please specify: _____

I submit this application with the following understandings:

- I am submitting an expression of interest for my child to attend the Specialised Learning Program - ASD at Cooloongup Primary School.
- If accepted, I understand that my child will be enrolled exclusively at Cooloongup Primary School for the duration of attendance in the Specialised Learning Program ASD (Kindergarten attend 15 hours per week, PP - Year 6 attend the program full-time), and then should return to their current school after exiting the program.
- Assessment of each student application for this specialised program requires that the school collect further specific student information. This may involve school staff liaising with other service providers, conducting parent and student interviews as well as conducting student observations and further assessments.
- Safe transport of my child to and from the school to attend this specialised program is the responsibility of the parent/carer.
- Submitting this expression of interest does not guarantee that my child will receive an offer to enrol in the Specialised Learning Program ASD at Cooloongup Primary School.
- My child's enrolment in the Specialised Learning Program will be reviewed annually.
- Siblings MAY be considered for enrolment at Cooloongup PS on a case-by-case basis.

Parent/Carer: _____
Name **Signature** **Date**