



Expression of Interest
Specialist Learning Program ASD - Primary

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

Parent/Carer Name:

Contact Number:

Email:

Student Details

Student Name:

Date of Birth:

Residential Address:

Suburb & Postcode:

Current School:
(if applicable)

Other Agencies/Services

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:

Supporting Information and Documentation

- 1. My child has a diagnosis of Autism Spectrum Disorder recognised in Western Australia
- 2. To the best of my knowledge my child does not have an intellectual disability
- 3. I can provide a diagnostic report confirming my child has Autism Spectrum Disorder
- 4. My child manages their personal needs independently:

Toileting YES NO

If NO, please explain

Dressing YES NO

If NO, please explain

Drinking YES NO

If NO, please explain

Eating YES NO

Have you completed and expression of interest for any other SLP-A? YES NO

If YES, please list

I submit this application with the following understandings:

- I am submitting an expression of interest for my child to attend the Specialist Learning Program ASD- Primary at North Mandurah Primary School.
- If accepted, I understand that my child will be enrolled exclusively at North Mandurah Primary School for the duration of attendance in the Specialist Learning Program ASD (adjusted for year e.g. K/ PP).
- Assessment of each student application for this specialist 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 specialist 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 Specialist Learning Program ASD- Primary at North Mandurah Primary School.
- My child's enrolment in the program is subject to review at any time.

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