



# Upper Hutt College

## STUDENT LEARNING SUPPORT RECORD

First name:	Last Name:
Date of Birth:	Last school:

Tick any of the conditions that *affect your child's ability to learn*. For "Other", write what it is.

No learning needs or issues, please tick <input type="checkbox"/>			
<i>Diagnosed Sensory</i>	<i>Diagnosed Medical</i>	<i>Physical</i>	<i>Learning</i>
Vision	Attention deficit	Arm /Hand	Reading
Hearing	Autism Spectrum	Diagnosed dyspraxia	Writing
Other:	Other:	Other:	<b>Diagnosed</b> Specific Learning Disorder (attach diagnosis): Dyslexia Dysgraphia Dyspraxia Dyscalculia Other:

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, Level C assessors, Reading Recovery, Private tutors, Teacher aide time, Speech/language therapy, RTLB, RTLit, BLENNZ resource teachers, Reader, Writer, Computer, extra time etc. Please include any recent reports from any people/actions mentioned.

<b>Age</b>	<b>Event / Action / Comment ( as appropriate)</b>
	<i>Continue on the back of this page if necessary.</i>

Please include any documentation (if you *already* have it) relevant to the above such as:

- Doctor's letters
- Educational Psychologist Report
- SPELD report