



Student Name \_\_\_\_\_

Year level \_\_\_\_\_



To allow Riverside to understand the specific needs of, and to determine the level of service the College will provide for your student, please complete the following information as fully as possible. It is important that you disclose all information you are aware of, as well as areas in which you believe there could be a problem.

### Academic Development:

Have there been any problems with the student's academic development? \_\_\_\_\_

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

Has the student been receiving assistance with learning? \_\_\_\_\_

If yes, please state give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the student presently on an individualised support program (IEP, ILP, ESP etc)? \_\_\_\_\_

\_\_\_\_\_

Has the student ever had any assessments or intervention at school from:

Occupational Therapist \_\_\_\_\_

Physiotherapist \_\_\_\_\_

Psychologist \_\_\_\_\_

Psychiatrist \_\_\_\_\_

Social Worker \_\_\_\_\_

Speech Therapist \_\_\_\_\_

Counsellor \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

***Please attach details of dates, assistance given and name of therapist involved***

Is the student supported by any educational funding? \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

# Student Information Individual Support Information

Riverside Christian College  
23 Royle Street, Maryborough West  
PO Box 2069, Maryborough DC 4650

Phone: Day School: 07 4123 1031  
Distance Education: 07 4123 5599  
Fax: 07 4123 2545

Web site: [www.riverside.qld.edu.au](http://www.riverside.qld.edu.au)  
Email: [college@riverside.qld.edu.au](mailto:college@riverside.qld.edu.au)

Does the student require an aide or support program? \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

In what subjects does the student have strengths? \_\_\_\_\_

\_\_\_\_\_

Has the student been involved in any gifted and talented and/or enrichment programs? \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

Student's current interests, hobbies and sport \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the student's aspirations in his/her education/career? \_\_\_\_\_

\_\_\_\_\_

## Physical Development

Does the student suffer from a condition that could affect his/her learning or participation in College activities? \_\_\_\_\_

Muscular or skeletal problems \_\_\_\_\_

Hearing \_\_\_\_\_

Sight \_\_\_\_\_

Developmental Delay \_\_\_\_\_

Diseases, surgeries or recurring illness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

***Please give details and medical personnel who have diagnosed or treated these problems.***

Does the student need to wear glasses/lenses when reading \_\_\_\_\_

In order to see the black/white board \_\_\_\_\_

All the time \_\_\_\_\_

**Did/ Does the student experience:**

Prenatal concerns  
Birth concerns  
Asthma  
Autistic Spectrum Disorder (including Aspergers)  
Attention Deficit Disorder  
Attention Deficit Hyperactivity Disorder  
Bee Sting Allergy / other allergies  
Epilepsy  
Blackouts  
Diabetes

Migraine  
Other headaches  
Head injury  
Convulsions  
Stomach complaints  
Very high temperature  
Severe Period Pain  
Dizzy Spells  
Poor physical coordination  
Other

***Please attach details and name of medical personnel who have diagnosed or treated these problems.***

Does the student require any physical access/equipment/building special needs in order to participate in the College programs?

\_\_\_\_\_

Does the student require any special services in personal care? \_\_\_\_\_

\_\_\_\_\_

What medication does the student require on a regular basis? \_\_\_\_\_

\_\_\_\_\_

What medication does the student require on an "as needed" basis? \_\_\_\_\_

\_\_\_\_\_

Does the student have any difficulties with communication? \_\_\_\_\_

\_\_\_\_\_

## Social Development:

Which of these best describe your child (please tick)

- Makes friends easily
- Makes some good friends
- Is a loner
- Finds it difficult to make friends

Other comments \_\_\_\_\_

\_\_\_\_\_

Does the student suffer from

- Recurrent bedwetting
- Night time terrors
- Night mares
- Fears

Has the student been reluctant to attend school (or preschool)? \_\_\_\_\_

If yes, please give reason \_\_\_\_\_

Has the student had significant absences from school? \_\_\_\_\_

If yes, please give reason \_\_\_\_\_

\_\_\_\_\_

Has the student experienced significant bullying/harassment or isolation at school?

\_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

## Behavioural Issues

Has the student been involved in the school discipline procedures more than once per term? \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student been in trouble with police? \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Has the student been subject to criminal assault? \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

### **Privacy**

All information collected by Riverside Christian College regarding your child is done so to support their enrolment at the College, and is subject to the terms of the *Privacy Amendment (Private Sector) Act 2000*. A copy of the Privacy Statement has been included with the enrolment package, and is also available from Riverside Christian College.

### **Parent/Carer Signature:**

I/We have fully and accurately disclosed any information required by the College for its consideration in determining the enrolment of my child.

\_\_\_\_\_  
Parent/Carer Signature

\_\_\_\_\_  
Date