

# Preschool Residential Course Application Form



Deaf Education New Zealand

Personal details			
Student's first name			
Student's Last name			
Date of birth			
NHI number			
Gender	Male <input type="radio"/>	Female <input type="radio"/>	Other <input type="radio"/>
Parent/caregiver name			
Address			
Phone number		Email	
AODC			
Child's ethnic origins			
Iwi your child belongs to			
Language used (if other, list the language used)	NZSL <input type="radio"/>	English <input type="radio"/>	Te reo Maori <input type="radio"/>
	Other <input type="radio"/>		
Attend a course at Ko Taku Reo	Auckland <input type="radio"/>	Christchurch	<input type="radio"/>
Preferred dates (Auckland)		Second option	
Preferred dates (Christchurch)		Second option	
Attendees (and relationship to child)			

## Audiological Information

Please provide latest audiological information e.g. audiogram, audiology report

**Areas of support requested**

Visual communication  Deaf Culture  NZSL   
 BookSharing/EarlyLiteracy  Spoken language  Audiology

**Focus of visit**

**Age at identification**

Years

Months

**Age at first hearing aid fitting**

Years

Months

**Age at first cochlear implant fitting**

Years

Months

**Devices used:**

RM system  Hearing aids  Cochlear implant/s  BAHA/Bone conduction aids

**Additional information**

**Current and past services**

<input type="radio"/> Kohanga Reo/Preschool/Kindergarten	Hours/week		Started/finished	
<input type="radio"/> Education Support Worker	Hours/week		Started/finished	
<input type="radio"/> Resource Teacher of the Deaf	Hours/week		Started/finished	
<input type="radio"/> First Signs Facilitator	Hours/week		Started/finished	
<input type="radio"/> Speech Language Therapist	Hours/week		Started/finished	
<input type="radio"/> Cochlear Implant Habilitationist	Hours/week		Started/finished	
<input type="radio"/> Advisor on Deaf Children	Hours/week		Started/finished	

**Additional support**

<input type="radio"/> ENT	Frequency	
<input type="radio"/> Paediatrician	Frequency	
<input type="radio"/> OT	Frequency	
<input type="radio"/> Other		Frequency

<b>Information sharing</b>	<b>Tick one:</b>	Yes <input type="radio"/>	No <input type="radio"/>
<p>Permission is granted for information gathered on your child to be used by Ko Taku Reo Deaf Education New Zealand for the purposes of assessment and programming. The information may be sought from and shared with other health professionals where it is considered to be in the best interests of the individual concerned.</p>			
<b>Parent's signature</b> (for students under 18)		<b>Date</b>	

Send reports to:	Email/postal address
<input type="radio"/> Parent/caregiver	
<input type="radio"/> Advisor on Deaf Children	
<input type="radio"/> Resource Teacher of the Deaf	
<input type="radio"/> First Signs Facilitator	
<input type="radio"/> Cochlear Implant Habilitationist	
<input type="radio"/> Preschool Teachers	
<input type="radio"/> Audiologist	
<input type="radio"/> Paediatrician	
<input type="radio"/> GP	
<input type="radio"/> Other	

<b>Please arrange for an interpreter to be present</b>	Yes <input type="radio"/>	No <input type="radio"/>
<b>Please attach latest audiogram, IEP/ORS report, SCIP report, and any other relevant reports</b>		
<input type="radio"/> NTA form		
<input type="radio"/> Audiogram		
<input type="radio"/> Reports		
<b>Email application to</b>	<a href="mailto:prc@kotakureo.school.nz">prc@kotakureo.school.nz</a>	

<b>Health Considerations</b>
<p>All planned courses are subject to the latest education and public health advice. This may mean that courses are canceled or postponed at the last minute, or normal procedures are altered. We will be asking screening questions prior to courses starting to ensure the health and wellbeing of all families/whānau and staff. If you or your family are not well and unable to attend, please contact the DHB travel co-ordinator immediately.</p> <p>For any other queries, please email our In-Reach coordinator at <a href="mailto:prc@kotakureo.school.nz">prc@kotakureo.school.nz</a></p>