

NZSL@School New Application

This application form is for schools who would like to apply for NZSL@School support for a student for the first time.



Deaf Education New Zealand

Personal information

| | |
|----------------------|--|
| Student's name | |
| Date of birth | |
| Age (as of 1/1/2021) | |
| Ethnicity | |
| Current year level | |
| Year level for 2021 | |

| | |
|----------------------------------|---|
| Student's RTD and AODC or ASSIST | |
| Email address | |
| Student's ORS status | Not verified <input type="radio"/> High <input type="radio"/> Very high <input type="radio"/> |

| | |
|----------------------------|--|
| Parent or caregiver's name | |
| Email address | |
| Contact number | |

| | | |
|--|------------|--|
| Name of school or education facility | | |
| School contact person's name | | |
| School contact person's role | | |
| School contact person's email address | | |
| School contact person's phone number | | |
| Proposed school (if not yet at school) | Start date | |
| Name of person completing this form | | |
| Role of person completing this form | | |
| Email address | | |

| | | | |
|--|--|---------------------------|--------------------------|
| Names of the other team member(s) involved in the completion of this form | | | |
| | | | |
| | | | |
| | | | |
| This application has been discussed with the student's family and team | | Yes <input type="radio"/> | No <input type="radio"/> |
| I agree to the information provided to be shared with relevant staff within Ko Taku Reo Deaf Education New Zealand | | Yes <input type="radio"/> | No <input type="radio"/> |
| Date | | | |

| Current support | |
|--|--|
| Is this student receiving ORS funded teacher aide support? (If yes, state the number of hours currently received and hourly rate) | Yes <input type="radio"/> No <input type="radio"/> |
| | |
| Is this student receiving Special Education Grant (SEG) teacher aid support? (If yes, state the number of hours currently received) | Yes <input type="radio"/> No <input type="radio"/> |
| | |

| Student information |
|---|
| What are the students' areas of need? (eg. Social and Emotional, Language and Communication Skills) |
| |
| What language does this student use at school? (eg. NZSL, Spoken English, Te Reo and/or other) |
| Please indicate receptive language, expressive language and/or any comments |
| |
| What language does this student use at home? (eg. NZSL, Spoken English, Te Reo and/or other) |
| Please indicate receptive language, expressive language and/or any comments |
| |
| If possible, please email a current IEP, Audiology report, audiogram, and any recent language assessments to: nszlschool@kotakureo.school.nz |

NZSL@School support request for 2021

How many hours per week of C/ESW support are you applying for?

What is the hourly rate you are applying for? (GST exclusive)

Please indicate any additional hours/support outside of School hours eg. Kapahaka, School camps (4 hours per year allowed for IEP meetings for all students). Please indicate term, purpose, and number of hours for each:

Interpreter support request for 2021

Are you applying for interpreter support for 2021? (If yes, state the hours per week required)

Yes

No

What is the hourly rate are you applying for? (GST exclusive)

What will this be used for? (Please indicate term, purpose, and number of hours for each)

NZSL tutor support request for 2021

Separate to C/ESW funding, you can apply for NZSL tutor support. This can either be in conjunction with C/ESW funding or stand alone support

Are you applying for NZSL tutor support for 2021?

Yes

No

Who will this support be for?

Student

Classmates

Family/whanau

C/ESW

Preferred days (if known)

Mon

Tue

Wed

Thu

Fri

Preferred times (if known)