

Preschool residential course enrolment



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"/>		
Preferred dates		Second option	
Attendees (and relationship to child)			
Purpose of visit			
Areas of support requested	Visual communication <input type="radio"/>	Deaf Culture <input type="radio"/>	NZSL <input type="radio"/>
	BookSharing/EarlyLiteracy <input type="radio"/>	Spoken language <input type="radio"/>	Audiology <input type="radio"/>

Hearing level				Left ear	Right ear
Mild				<input type="radio"/>	<input type="radio"/>
Mild-moderate				<input type="radio"/>	<input type="radio"/>
Moderate				<input type="radio"/>	<input type="radio"/>
Moderate-severe				<input type="radio"/>	<input type="radio"/>
Severe				<input type="radio"/>	<input type="radio"/>
Severe-profound				<input type="radio"/>	<input type="radio"/>
Profound				<input type="radio"/>	<input type="radio"/>
ANSD/other				<input type="radio"/>	<input type="radio"/>
Age at diagnosis	Years		Months		
Age at hearing aid fitting	Years		Months		
Age at cochlear implant fitting	Years		Months		
Device	RM system <input type="radio"/>	Bone conduction aid <input type="radio"/>	Hearing aids/ cochlear implant <input type="radio"/>	Implant <input type="radio"/>	BAHA <input type="radio"/>
Additional information					

Current and past services				
<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	

Information sharingTick one: Yes No

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.

Audiology StudentsTick one: Yes No

Permission for audiology students to be present is granted. Audiology students may observe our audiologist during some assessments. These observations will not interfere with the assessments and will be done according to a code of practice agreed between the Canterbury University and Ko Taku Reo Deaf Education New Zealand. Information will be stored at Ko Taku Reo and may be requested.

Parent/caregiver signature

Date

Send reports to:

Email/postal address

 Parent/caregiver Advisor on Deaf Children Resource Teacher of the Deaf First Signs Facilitator Cochlear Implant Habilitationist Preschool Teachers Audiologist Paediatrician GP Other

Please arrange for an interpreter to be present

Yes No

Please attach latest audiogram, IEP/ORS report, SCIP report, and any other relevant reports

 NTA form Audiogram Reports

Email application to

helen.king@kotakureo.school.nz