

Ko Taku Reo Enrolled School Referral Form

Date:		
ASSIST / RTD	Name:	
Phone:	Email:	
Form completed by:	Name:	
Phone:	Email:	
Student nominated for referral:	Name:	
Male Female Other	D.O.B:	Year at school:
NHI Number:	Date of diagnosis of hearing level detection:	
Type of hearing level:		
Date hearing aid first fitted:		Communication: eg NZSL / Spoken English
<i>Please attach a copy of this student's latest audiogram with this referral.</i>		
Is this student ORS verified?	Yes <input type="checkbox"/> Level: No <input type="checkbox"/>	
Student's ethnicity:		
Iwi affiliation (if applicable):		
Preferred Term of your visit:		
Details for Parents/Caregivers		
Name:		Mobile: Deaf <input type="checkbox"/> Hearing <input type="checkbox"/>
Name:		Mobile: Deaf <input type="checkbox"/> Hearing <input type="checkbox"/>
Home Address:	Postcode:	
Home phone:		Zoom id:
Email:		
Name of adult accompanying student on visit:		
Relationship to student:		
Will you require an interpreter during your visit?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the main purposes of this visit?		
What are main concerns for this student in their current school?		



Deaf Education New Zealand

Please attach a copy of this student's latest IEP and / or NZQA Record of Achievement with this referral.

If a school application was accepted, when would you like to enroll this student in the Enrolled School, Ko Taku Reo

Proposed start date:

Please indicate to who email/letters should be sent to:

	Name and Email Address	Address
Preschool/School		
Head Teacher/Principal		
P/T teacher /RTOD		
Teacher Aide		
Speech Therapist		
Audiologist		
ENT/GP		
ASSIST		
Other (SENCo)		

Placement Visit: Please save and forward this form by email to Lisa Sharman, Head of Enrolled School (lisa.sharman@kotakureo.school.nz) with Placement Visit in the subject line.