

# APPLICATION

F O R R T D S E R V I C E



STUDENT	Legal surname:		Current Class/year level:	
	Legal first name/s:		School:	
	Preferred surname:		Physical Address: KDEC will use postal address for communications	
	Preferred first name/s:			
	D.O.B:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:	Facsimile:
	Address:		Principal:	
			Email:	
			SENCO:	
			Email:	
	NSN:		Class Teacher:	Email:
Ethnicity: (as stated by parent)		Teacher's Aide:	Hrs/week:	
<input type="checkbox"/> NZE <input type="checkbox"/> Pasifika <input type="checkbox"/> Maori <input type="checkbox"/> Asian <input type="checkbox"/> MELAA <input type="checkbox"/> Other		Other:		
Specify:		AODC:	ASSIST:	
ORS: <input type="checkbox"/> VH <input type="checkbox"/> H <input type="checkbox"/> D <input type="checkbox"/> NA <input type="checkbox"/> In Progress		RTD:		
Status:		CI Habilitationalist:	Placement next year:	
PARENT/S CAREGIVERS	Title:	Legal surname:	Title:	Legal surname:
	First Name:		First Name:	
	Relationship to learner:		Relationship to learner:	
	Address if different from learner:		Address if different from learner:	
	Ph Hm:	Ph Wk:	Ph Hm:	Ph Wk:
	Mobile:	Email:	Mobile:	Email:
	Emergency Contact name:		Name/s of legal guardian/s:	
	Ph No:		Additional Parent/Caregiver information:	
	<input type="checkbox"/> Full user NZSL/First language <input type="checkbox"/> Limited NZSL <input type="checkbox"/> Uses some key signs and gesture as a range of strategies to support communication <input type="checkbox"/> Participates in Ministry of Education FIRST SIGNS (NZSSL) <input type="checkbox"/> Spoken English <input type="checkbox"/> Limited Spoken English programme			
	Home Language:		Is an interpreter needed for IEP meetings? <input type="checkbox"/> Y <input type="checkbox"/> N	
Other information: Needs other than Deafness, Allergies, Medication				
Diagnosed Disabilities:				

**Record of Learning:** Please **attach** record of learning from Year 9 and NCEA results (internal and external) from Year 11.



**Language Age:** This information **must be completed** for this Application to be processed.

Language Age:	<b>Standardised Test and/or Assessment used to make OTJ, RAPT, CELF, PPVT/EVT, other:</b>
CURRENT IEP/IDP: <input type="checkbox"/> Y <input type="checkbox"/> N	If there is no I.E.P / I.D.P please describe reason for Application

**Audiological** The latest audiogram **must be attached** for this Application to be processed.

Name of Audiologist:	Name of Clinic:	Age of Diagnosis:
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TICK appropriate audiological descriptor:

<input type="checkbox"/> Unilateral sensori-neural hearing loss.	<input type="checkbox"/> Moderate-severe hearing loss (55-70dB)
<input type="checkbox"/> Mild-moderate hearing loss. (25-55dB)	<input type="checkbox"/> Severe-profound hearing loss. (70-90+dB)

Hearing Loss:

Right	Left
Degree:	Degree:
Average:	Average:

Use of assistive listening device(s):

<input type="checkbox"/> Consistently	<input type="checkbox"/> Inconsistently
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Use of FM System:

<input type="checkbox"/> Consistently	<input type="checkbox"/> Inconsistently
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Hearing Aids/CI:

Right	Left
<input type="checkbox"/> CI <input type="checkbox"/> HA <input type="checkbox"/> No	<input type="checkbox"/> CI <input type="checkbox"/> HA <input type="checkbox"/> No
Brand:	Brand:
Model:	Model:
Serial No:	Serial No:
Volume:	Volume:
FM System:	<input type="checkbox"/> Y <input type="checkbox"/> N
Brand:	Brand:
Model:	Model:
Serial No:	Serial No:

**Person making Application**

Name	Designation	Organisation Name and Email
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**Privacy statement:** The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request to the Regional Manager. The information collected may be disclosed to appropriate education, health and welfare authorities for data-gathering purposes by the New Zealand Ministry of Education. In accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

**Parent approvals:** This is essential for this Application to be processed. We give permission for the Resource Teacher of Deaf to share relevant information between AODCs, Principals, Classroom Teachers, Audiologists and associated health professionals. We give permission for access to Health Board/Audiological information as it relates to child in the education setting.

Parent/Caregiver signature \_\_\_\_\_

Parent or Caregiver's first name \_\_\_\_\_ Date \_\_\_\_\_

**Please forward completed and signed APPLICATION FOR RESOURCE TEACHER OF DEAF SERVICE to:**

KDEC Regional Services. C/- Westbrook School, 362 Malfroy Road, Rotorua 3015.

Email: [teresa.wilson@deafeducation.nz](mailto:teresa.wilson@deafeducation.nz)

## Social & Emotional Development

N = No ; S = Sometimes ; F = Frequently ; NA = Not Applicable.

<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Reluctant to take part in class discussions
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Isolated or isolates self, may sit alone during breaks
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Signs of fatigue, possibly due to prolonged visual and auditory concentration
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Difficulties arising from need to gain essential information from peers/teacher
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Poor "turn taking" in class or dominant /passive behaviours
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Limited interaction / social skills
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Language delay / difference resulting in disadvantaged social interaction with peers (eg humour, or as play becomes more language based)
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Awareness of difference is affecting self-esteem
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Independence skills significantly less developed than peer group
<input type="checkbox"/>	N	<input type="checkbox"/>	S	<input type="checkbox"/>	F	<input type="checkbox"/>	NA	Limited contact with other New Zealand Sign Language users

## Speech and Audition

Y = Yes, N = No

<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Misunderstands/wrongly interprets instructions/slow to react
<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Difficulty in locating the source of sound
<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Reliance on visual clues and speech reading
<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Difficulties understanding speech at normal voice levels when using hearing aids at a distance greater than 2m in quiet conditions.
<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Use of personal FM is essential
<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Acquisition and comprehension of new language in curriculum areas will need to be specifically taught and reinforced
<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Speech articulation problems which affect intelligibility.

## Learning and Assessment

Please state the student's current curriculum level. Attach formal test results and a written language sample if you wish.

**Reading** Level: \_\_\_\_\_

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

**Written Language** Level: \_\_\_\_\_

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

**Mathematics** Level: \_\_\_\_\_

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

**Additional information may be included or attached**

\_\_\_\_\_

\_\_\_\_\_

### Communication - Expressive Language

- Uses natural gestures/non verb
- Uses single word utterances
- Uses phrases (3 to 4 words)
- Uses simple sentences --- can convey meaning
- Uses simple conversation --- limited use of adjectives, prepositions, pronouns
- Discusses logically and sequentially. Uses questions – Who? What? Where?
- Uses complex sentences – a range of adjectives, adverbs, conjunctions, prepositions and pronouns.
- Can discuss topics outside of own experience at a level appropriate to the situation

### Communication - Receptive Language

- Understands natural gestures/facial expression. Watches speaker's face. Responds to name
- Responds to nouns/verbs. Responds to simple instructions e.g. Get your book. Responds to simple sentences e.g. Daddy's home
- Responds to simple questions: Who? What? Where? Turn takes in simple conversation
- Responds to 2/3 element instructions e.g. Put your book in your bag
- Understands complex sentences. Follows complex instructions sequentially e.g. Art construction.
- Understands discussion of topics outside own experience

### Learning in Educational Facility

- Requires total adaptation of curriculum delivered 1:1
- Requires significant adaptation of curriculum and/or instructional methods and help
- Requires some adaptation of curriculum and/or instructional methods & 1:1
- Requires in-class support e.g. note taking, small group activities
- Requires 1:1 monitoring visits only on a regular basis

### Additional Considerations - Tick as many boxes as are relevant:

- Late detection of hearing loss. Date: \_\_\_\_\_ Date hearing aid/s first fitted: \_\_\_\_\_
- Student sitting national qualifications.
- Student is from home where little or no English is spoken.
- Student has significant communication need ie a disparity between the student's language skills/ conceptual development, and communication needs appropriate to his/her age.
- Child is aged 3 - 5 years of age.  Child is aged 5 - 8 years of age.
- Student transitioning from ECE to primary
  - primary to secondary  changing mainstream schools
  - For students aged 3-5 not in a transition:
  - ESW:  Available  Declined      EI Teacher:  Available  Declined

Specify other resources available (eg RTL, SLT) \_\_\_\_\_

- Have Deaf or hard of hearing parent/caregivers.
- Other (please note) \_\_\_\_\_

**This additional page to be completed when applying for NZSL@School support for student**

## New Zealand Sign language (NZSL)@School Application Form

NB: Please refer to the NZSL@School Guidelines for information about access to NZSL@School at <http://www.kdec.school.nz/Services/nzslschool>

**1) Child's Language Use:** Indicate the child's primary language (the language/mode they prefer/need to use to fully access information receptively and the language/mode they prefer/need use to expressively to fully communicate with others).

Receptive Language (at School)

NZSL

Spoken Language

• English

• Te Reo

• Other (specify) \_\_\_\_\_

Expressive Language (at school)

NZSL

Spoken Language

• English

• Te Reo

• Other (specify) \_\_\_\_\_

Comment: Please describe any other aspects of the student's communication that provide an overview of the student's use of NZSL as their primary language.

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### 2) Home Language

Please specify the language used at home by parents/caregivers/whānau to communicate with the child.

NZSL

Spoken Language

• English

• Te Reo Māori

• Other (specify) \_\_\_\_\_

### 3) List the type of support and resources you believe would enable the student to access class learning and school activities.

Examples:

- Teacher Aide to provide NZSL communication between the student, the teacher and classroom peers
  - NZSL tuition to classroom teacher, Teacher Aide and school peers.
  - Curriculum adaptation/teaching strategies support to teacher/teacher's aide
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Comment: Please describe any other aspects of the student's communication environment at home that provide an overview of the student's use of NZSL as their primary language.

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### 4) Describe any computer hardware and software that the student is using to support their learning and communication with the teacher/peers.

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5a) Enrolled at school?  Y  N

5b) If not enrolled at school, please state school start date:

Principal Signature:
Parent/Caregiver's Signature:

Date:
Date:

NB: If a school has not been determined by the parents at the time of submitting this application for NZSL@School, it is sufficient for parent/caregiver only to sign this application form.