

New Zealand Sign Language (NZSL)@School Resourcing Form

Student Surname: First Name: DoB: Year Level:

School: Date of review:

Which Deaf Education Centre does your school receive NZSL@School support services from:

Kelston Deaf Education Centre Van Asch Deaf Education Centre

Please refer to the NZSL@School guidelines for information on to complete this form

List of the student's team involved in preparing this resourcing application.

Name	Role

Please put a tick in one of the following boxes to indicate if this is an application for:

1) A review of the current school year:
 Teacher's Aide (TA) and/or Interpreter hours and/or NZSL Tuition

or
 2) A review of the following school year:
 Teacher's Aide (TA): Interpreter hours and/or NZSL Tuition

NB: The purpose of the teacher's aide resourcing is to provide New Zealand Sign Language communication.

Section 1: Teacher's Aides and/or Interpreters

A) TA and/or Interpreter Hours – Direct support to Classroom Teacher/student

i) Current School Year
 The current number of TA hours are per week

and/or

The current number of Interpreter hours are per week.

Table A2: Interpreter Hours per week for classroom learning and school activities

What is the Interpreter resourcing required for	Time per week (hours)	Describe other funding that will be used to provide in-class access to NZSL.
Total per week = <input type="text"/> Hours		

A3: Additional Teacher's Aide hours for Planned Events

During the school year, there may be planned events outside of normal class time that additional TA hours are required for (e.g. school camp etc). Please list here any planned events (that are documented in planning for the student) which require additional hours below.

What is the Teacher's Aide resourcing required for?	Term 1, 2, 3 or 4	Hours
		Total per year = <input type="text"/> Hours

A4: Additional Interpreter hours for Planned Events

During the school year, there may be planned events outside of normal class time that additional Interpreter hours are required for (e.g. school camp etc). Please list here any planned events (that are documented in planning for the student) which require additional hours below.

What is the Interpreters resourcing required for?	Term 1, 2, 3 or 4	Hours
		Total per year = <input type="text"/> Hours

B1) Teacher's Aide professional development

If the TA requires tuition or some other form of paid professional development (e.g. NZSL tuition, supervision etc.), please describe here (NB: this time/funding is in addition to in-class communication for the student).

Who (please list the name of the TA)	Time per week	Describe the Professional Development required
	Total per week = <input type="text"/> Hours	

B2) Interpreter's professional development

Who (please list the name of the Interpreter)	Time per week	Describe the Professional Development required
	Total per week = <input type="text"/> Hours	

C) Total NZSL Weekly Hours Request

C1) Total Teacher's Aide weekly time

Total Time per week (A1 + B1)	TA Hourly Rate (to be completed by the Principal or their delegate)	Total TA Weekly funding request i.e. Hours per week x Hourly rate

C2) Total Teacher's Aide "Planned Events" Hours Request (as described in Table A3)

Total Time and Term 1, 2, 3 or 4	TA Hourly Rate (to be completed by the Principal)	Total Hours x Hourly rate

And/or

C3) Total Interpreter weekly time

Total Time (A2+B2)	Interpreter Hourly Rate (to be completed by the Principal)	Total TA: NZSL Weekly funding request i.e. Hours per week x Hourly rate

C4) Total Interpreter “planned events” Hours Request (as described in Table A4)

Total Time and Term 1, 2, 3 or 4	TA: NZSL Hourly Rate (to be completed by the Principal)	Total Hours x Hourly rate

Section 2) New Zealand Sign Language (NZSL) Tuition

List the people who would like to receive NZSL tuition and their preferred times etc. Please list 2-3 options if you are able in order of preference. NB: Please discuss with the NZSL Tutor if you wish at other times during the school year to change any aspect of the NZSL tuition to meet everyone’s NZSL learning needs.

Who	Day of the week	Time and duration	Frequency	Where/How e.g. school, home	Comment

E) Principal's (or their delegate) Recommendation

I _____ (Principal or their delegate) on the _____ (date) would like to recommend to the NZSL@School Committee that the funding and services documented in this form are provided, within the NZSL@School budget available, to contribute to the learning and communication needs of _____ (student).

Please forward via post or email to:

a) Regional Manager, Kelston Deaf Education Centre

3 Archibald Rd
Kelston
Auckland
New Zealand
(KDEC) nzslschool@kdec.school.nz

or

b) Head of Specialist Services, van Asch Deaf Education Centre

38 Truro Street
Sumner
Christchurch
New Zealand
(VADEC) nzslschool@vanasch.school.nz

Please note: Schools will be notified of professional development opportunities being provided by the Deaf Education Centres for staff working with Deaf students during the course of a school year.