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| **Request for** **Learning Support:**  | **Ministry of Education – Learning Support** | Date: |  |
|  | **Wellington Region** |  |  |
| **Child/student’s name** | First name: |  | Last name: |  |
| Gender: |  | DOB: |  | NSN/ELI No.: |  | NHI No: |  |
| Ethnicity\*: *(copy and paste this tick* ✓ *) \*this information is for statistical purposes* |
| Not disclosed |  | NZ Māori |  | Iwi |  | NZ European |  | Samoan |  |
| Tongan |  | Niuean |  | Cook Is Māori |  | Indian |  | Chinese |  |
| Asian |  | Somali |  | Other |  | Please specify |  |
| Language spoken at home: |  |
| Residency Status: |  |

|  |  |  |
| --- | --- | --- |
|  | **Primary caregiver (Whanau)** | **Secondary caregiver (Whanau)** |
| *Name*  |  |  |
| *Relationship to child* |  |  |
| *Address*  |  |  |
| *Town/city* |  |  |
| *Postcode* |  |  |
| *Phone number*  |  |  |
| * *Cell*
 |  |  |
| * *Work*
 |  |  |
| *Email* |  |  |

|  |  |
| --- | --- |
| **Name of person making the request:** |  |
| Relationship to child/role: |  |
| Address: |  |
| Phone: |  | Email: |  |
| **Name of ECC/school:** |  |
| ECC/school address: |  |
| Phone: |  | Email: |  |

**About this request**

What are you concerned about?

(e.g.: engagement in learning or social activities, access to the physical environment, speech or language skills, behaviour)

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Has the child / student had their hearing tested? If yes, what was the outcome?

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Describe how the concern impacts on the child / student’s ability to:

|  |  |
| --- | --- |
| Interact /communicate with others |  |
| Learn at school / ECE |  |
| Be fully involved / experiences |  |

Is the concern present all of the time? If no, then how often does it happen?

(e.g.: more than 1x daily, daily, or more than 1x weekly?)

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Who else is involved? Name / Role / Organisation *(copy and paste this tick*  ✓ *)*

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| CYFS |  | Plunket |  | Paediatrician  |  | Audiology |  | Other |  |

If so why? :

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What type of support are you looking for?

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| --- | --- | --- | --- |
| Support for the centre / school (child / student) |  | Information or professional development |  |

What has led to you requesting support now?

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What is the outcome you hope to see as a result of this request for learning support?

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| ***Consent for Request for Learning Support*** |
| ***Parent / Legal Guardian Permission****I / We have read the information contained and agree to this request for learning support being made to the Ministry of Education, Learning Support.* |
| ***Name***  | ***Signature*** | ***Date*** |

**Privacy Statement**

The Ministry of Education collects personal information about children and young people to support their learning and ensure that effective services are provided. Personal information is also used for quality assurance purposes to improve the quality of services provided, and for associated administrative and accountability purposes. The information is held by the Ministry of Education (PO Box 1666, Wellington) in a national database or sometimes paper files at local Ministry offices.

Information may be shared with your child’s school or early childhood education provider, but is not shared with other agencies except where necessary for the provision of services, or as authorised or required by law. It is not compulsory for you to provide any personal information but we may not be able to provide the most effective services for your child if you don’t. You and your child have rights to request access to and correction of personal information held by the Ministry.

**Please email or post the completed form to your nearest Ministry of Education Office. See below for more details:**

|  |  |
| --- | --- |
| **Office and Postal Address** | **Email** |
| Lower Hutt OfficePO Box 30177Lower Hutt 5040DX Number: SX10073 | support.lowerhutt@education.govt.nz  |
| Porirua OfficePO Box 50 136Porirua 5240DX Number SX10141 | support.porirua@education.govt.nz  |
| Otaki OfficePO Box 9Otaki 5542DX Number SX10076 | support.otaki@education.govt.nz  |
| Masterton OfficePO 862Masterton 5840DX Number PX10008 | support.masterton@education.govt.nz  |