



### **Application for Additional SWD Teacher Aide Support**

**Attention: Principal Education Officer (Student Services)**

**Fax: 3280 1986**

1. Application for Additional SWD Teacher Aide Support should be faxed to District Office on 3280 1986 before the 15<sup>th</sup> of the month.
2. A regional panel will review each application on its merits. Additional Teacher Aide time may be provided subject to availability.
3. **Teacher Aide hours will be allocated as temporary part-time hours with a start and end date.**
4. District Office will fax confirmation of **hours approved** for your school.

**Application for:**

- Student with Exceptional High levels of Support** (only complete section A)
- Student attending preschool/prep**—with **no** additional placement at SEDU/C (only complete section A)
- Over allocation** (only complete section B)

**SECTION A - for pre-compulsory students or exceptional high level of support**

<b>Student's Name</b>					
<b>Date of Birth</b>		/ /	<b>Year Level</b>		
<b>School</b>					
<b>Ascertainment / EAP Profile</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Impairment Area</b> (circle) <b>II ASD SLI HI VI PI</b>		
<b>Number of Hours Requested</b>		<b>Temporary Part-Time Hours</b>			
<b>Start Date</b>		/ /2006	<b>End Date:</b> / /2006		
<b>Requested by</b>					
<b>Principal/Registrar Advised</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please circle or <b>BOLD</b> )	
<b>Date</b>		/ /2006			

1. **A brief description of student's medical and/or physical impairment.**

2. Outline the barriers that limit this student's access to an education program. Barriers may involve health and medical needs, mobility and transfer requirements, personal hygiene requirements, safety for self and others.

3. List inter-agency support and/or involvement with other professionals.

4. How will the extra teacher aide hours assist this student in accessing an appropriate educational program?

5. Attach and list relevant documents eg Doctors letter, Individual Behaviour Support Plan.

## SECTION B – For Over Allocation only

1. Indicate increase in student numbers since Day 8, 2006

2. Total hours requested to meet additional needs.

3. Provide a brief outline of the educational program in place that requires additional teacher aide support.

### Office Use Only

SWD Teacher Aide Hours Approved

Temporary Part Time

Start Date / /2006

End Date / /2006

Date Received: / /2006

Date of Regional Panel Meeting: / /2006

