EXPRESSION OF INTEREST FOR 2025 SPECIALISED LEARNING PROGRAM FOR STUDENTS WITH AUTISM (SLP ASD)

Kelmscott
SENIOR HIGH SCHOOL

EXPRESSIONS OF INTEREST CLOSE 3 MAY 2024

Student's Surname	Student's First Name	Student's Preferred Name
Student's Date of Birth	Student's Current School	Student's Current Year Group

Parent/Guardian 1 Name (Mr/Mrs/Miss/Ms/Other)	P/G 1 Email	P/G 1 Phone Number
Parent/Guardian 2 Name (Mr/Mrs/Miss/Ms/Other)	P/G 2 Email	P/G 2 Phone Number

All correspondence will be sent by email

Additional Forms Required

IN AREA APPLICATIONS
Please remember to attach a fully completed Enrolment Information form.

OUT OF AREA APPLICATIONS
Please remember to attach an Application for Enrolment Out of Area form.

Specialised Learning Program for Students with Autism Spectrum Disorder

I wish to apply for the SLP ASD. I confirm that my child meets the following eligibility criteria for entry into this program: (please tick all that apply)

☐ Student is eligible for enrolment in Western Australian public schools in Years 7-12;

☐ Student has a multidisciplinary diagnosis of Autism Spectrum Disorder without accompanying intellectual impairment;

☐ Student experiences significant social, emotional and/or behavioural issues and challenges directly related and attributed to the impact of ASD;

☐ Student independently self-manages personal care requirements; and

☐ Families can provide reliable transport to and from the school.

I have attached the following documentation to this application:

☐ Most recent medical diagnosis and documentation of Autism Spectrum Disorder (full diagnostic report required)

☐ Most recent diagnostic documentation for comorbid conditions (if present)

☐ Copy of most recent school report

☐ Copy of most recent NAPLAN results

PARENT/GUARDIAN DECLARATION:

If this application is successful;

☐ I acknowledge that ongoing participation in this program will depend upon:

- Participation in a formal process conducted annually to map your child's progress against success criteria and to review ongoing program suitability to meet their needs.
- Participation in a formal person-centred planning program to assess and plan for your child's senior school and post-school pathway.
- Your child exiting the program and transitioning into the mainstream school when they meet the success criteria.
- Engagement with and support of the goals and aims of the Specialised Learning Program.

I declare that all information provided on this form is true and accurate.

Signature of parent/guardian: _____   Date: _____

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. ☐

Application Checklist

Before sending the application please make sure you have all the items on this list ticked and all the relevant documents attached

SLP ASD form - Fully Completed	
Enrolment Information form (if In Area)	
Application for Enrolment form (if Out of Area)	
Permission to Release and/or Exchange Information form	
Most recent diagnosis and documentation of ASD (full report)	
Most recent diagnostic documentation for comorbid conditions (if present)	

Applications can be submitted by email to kelmscott.shs.enrolment@education.wa.edu.au. Alternatively applications can be hand delivered or posted to Kelmscott Senior High School (Administration), 50 Third Avenue, Kelmscott WA 6111

SLP ASD Application Process

Kelmscott Senior High School

Phone (08) 9495 7400

PERMISSION TO
RELEASE AND/OR EXCHANGE INFORMATION

I, _____ give permission for the agencies/people listed below

to release and/or exchange information pertaining to the student detailed below.

Student's First Name	Student's Surname:	Student's DOB:

I give permission to the following agencies and contacts:	
Kelmscott Senior High School	
Department of Education – SSEN Directorate	
Current Primary School	Contact Name: _____
	Phone number: _____
	Email address: _____
School Psychology Services	Contact Name: _____
	Phone number: _____
	Email address: _____
Private Medical Specialist	Contact Name: _____
	Phone number: _____
	Email address: _____

I UNDERSTAND THAT INFORMATION PERTAINING TO MY CHILD WILL BE EXCHANGED AND SHARED FOR THE PURPOSE OF DETERMINING SUITABILITY FOR ENROLMENT OR PLANNING FOR MY CHILD'S PROGRESS AT SCHOOL. INFORMATION OBTAINED WILL BE KEPT IN STRICTEST CONFIDENCE.

THIS PERMISSION FORM WILL REMAIN VALID FOR THE PERIOD OF MY CHILD'S ENROLMENT. SHOULD I WISH FOR THIS AGREEMENT TO CEASE OR WOULD LIKE TO DISCUSS THE MANNER IN WHICH INFORMATION IS SHARED, I WILL CONTACT KELMSCOTT SENIOR HIGH SCHOOL IN WRITING THROUGH THE PROGRAM COORDINATOR OF SPECIALISED LEARNING PROGRAM FOR STUDENTS WITH ASD.

Name:		Signature:	
Relationship to child:		Date	

1. Application Form
   a. Parent completes SLP ASD Application form and returns to school administration by second week in May (in the year preceding enrolment).
   b. Parent provides required documentation with the SLP ASD Application form (i.e. full diagnostic multidisciplinary ASD report, latest school report, NAPLAN, In or Out of Area Forms, Birth Certificate, Immunisation certificate)
   c. Parent signs and returns Permission to Release and/or Exchange Information form.
2. Preliminary Evaluation of Eligibility
   a. Program Coordinator (Autism) convenes the school panel to conduct a preliminary evaluation of applicant eligibility against criteria. Panel consists of Program Coordinator, Associate Principal, School Psychologist and Teacher (Autism).
   b. Applicants who do not meet eligibility criteria are notified by email.
3. Data Collection
   a. Program Coordinator (SLP ASD) completes needs assessment of each eligible applicant across multiple modes, including informal and formal observations by the Program Coordinator, Primary teacher assessments/rating, school reports, NAPLAN results, Documented Plans (Individual Education Plans, Individual Behaviour Plans, etc) and Parent Interviews.
4. Panel Assessment
   a. Kelmscott Senior High School convenes the school panel to identify applicants who are eligible for, and will be most suitable for, the SLP ASD.
   b. The panel considers all information provided in the application, as well as data gathered, to establish which applicants are eligible for, and most suitable for, the program at Kelmscott Senior High School. All assessments are based on the eligibility criteria for the secondary SLP ASD.
   c. Applicants who have been determined meet eligibility criteria are ranked according to their suitability.
5. Applicant Notification
   a. Letters of acceptance into the SLP ASD at Kelmscott Senior High School are emailed to the highest ranked applicants according to the number of places available. Applicants from local primary schools who are already in the SLP ASD and who meet eligibility criteria will be given priority.
   b. Letters declining applications into the program are emailed to all other applicants.
   c. In the event that places offered are not accepted, the next ranked applicant will be contacted.

Applications for enrolment into the SLP ASD will be managed by Kelmscott Senior High School (Program Coordinator) through the formation of a panel of specialist staff (Associate Principal, Program Coordinator, Teacher (Autism) and School Psychologist).

The principal of Kelmscott Senior High School will follow the Department's Enrolment **Policy *Version 3.0*, Enrolment Procedures *Version 3.0*** and **Enrolment Framework for Students with Disability in Public Schools effective 18 July 2022** http://www.det.wa.edu.au/policies/detcms/navigation/school-management/enrolment/ and the process will be completed in accordance with the criteria and principles set out in the *Operational Framework for the Specialised Learning Program for Students with Autism Spectrum Disorder (Secondary)*.

Students will continue to be selected for the SLP ASD as vacancies arise.