

**Background
Information for
Assessment Day:**

Student Name: (First)

Calendar Age:
years

Months

Date of Birth:
_ / _ /

Student Surname:

Year at school:

Parents:

1. Parent 1:

Mobile Phone Numbers:

2. Parent 2:

Alternate Carer:

Reports required for both parents
OR main parent is number 1.

Reports and invoices are
sent to email address
supplied (on enrolment
form) unless otherwise
advised.

Street/**Postal** Address:

Current school:

Referred by:

Student wears glasses
Student has identified/diagnosed learning
difficulties/gifted
 No
 Yes: **Please attach report.**

Student is
Left-handed
Right-handed

Subject to be tutored:
English
Maths

Preferred class times:

Monday Tuesday Wednesday Thursday Friday Saturday

3.15pm 4.15pm 5.15pm 6.15pm

9am 10am
11am 12pm 1pm

Background and Assessments	Tick relevant developmental history of STUDENT:>
<p>Siblings: (Names and Ages) Student:</p> <p>Sibling 1:</p> <p>Sibling 2:</p> <p>Sibling 3:</p> <p>Sibling 4:</p> <p>Are you co-parenting with previous partner? i.e. Does the student travel between homes regularly?</p> <p>Have you previously used a tutor? Yes / No If so, please comment on your need to change and how long previous tutoring lasted.</p> <p>Please tick your concerns/interests regarding the need for tutoring assistance:</p> <p><input type="checkbox"/> NAPLAN</p> <p><input type="checkbox"/> Opportunity Class Test</p> <p><input type="checkbox"/> Selective Tests</p> <p><input type="checkbox"/> Private School Tests</p> <p><input type="checkbox"/> Student Attitude towards learning</p> <p><input type="checkbox"/> Teacher's comments on student progress</p> <p><input type="checkbox"/> Student desired extra assistance</p> <p><input type="checkbox"/> Time to provide an opportunity to accelerate learning</p>	<p>Student...</p> <p><input type="checkbox"/> has a vision impairment</p> <p><input type="checkbox"/> has a hearing impairment</p> <p><input type="checkbox"/> requires medication for behaviour and/or concentration issues</p> <p><input type="checkbox"/> had delayed speech and/or language</p> <p><input type="checkbox"/> had/has motor coordination problems</p> <p><input type="checkbox"/> is provided with learning assistance at school in the form of a learning assistant/extra teacher</p> <p><input type="checkbox"/> had advanced early development</p> <p><input type="checkbox"/> Spoke/walked before expectations.</p> <p><input type="checkbox"/> Identified as 'gifted' with a cognitive ability test performed by a psychologist/qualified person.</p> <p><input type="checkbox"/> Other psychological/paediatric/professional care required.</p> <p><input type="checkbox"/> has trouble staying on-task at school</p> <p><input type="checkbox"/> has allergies</p> <p style="padding-left: 40px;">If yes, what is the student allergic to?</p> <p><input type="checkbox"/> speaks a second language at home</p> <p style="padding-left: 40px;">Second Language is _____</p> <p><input type="checkbox"/> attends second language lessons</p> <p>Student is very interested in the following extra-curricular activities:</p> <p><input type="checkbox"/> Sport</p> <p><input type="checkbox"/> Art</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Outdoor activities (camping/scouts etc)</p> <p><input type="checkbox"/> Holiday workshops for gifted students</p> <p><input type="checkbox"/> Story-writing workshops</p> <p><input type="checkbox"/> Computer games/gaming</p> <p><input type="checkbox"/> Cultural activities</p> <p><input type="checkbox"/> History of ADHD in the family</p> <p><input type="checkbox"/> Parents/close relatives have a history of difficulty in school with reading, spelling and or mathematics.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Parent/s diagnosed with dyslexia/dysgraphia/dyscalculia</p>