**Learning Support Nelson Marlborough West Coast**

**Request for Support Form**

Kia ora, completion of this form is required in order to request support from the NMWC Learning Support Service.

**Date of Request:**

Click here to enter a date.

|  |  |
| --- | --- |
| Has this referral been agreed with parent/caregiver/whānau? | Choose an item. |

**Learner Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child/learner’s name: | | | First name: | | |  | | Surname: |  | |
| Gender: |  | DOB: |  | | NSN/ELI No: | |  | | NHI No: |  |
| **Ethnicity:**  Click + to add additional ethnicity | | | | Choose an item. | | | | | | |
| **Iwi** (if applicable): | | | |  | | | | | | |
| Language spoken at home: | | | |  | | | | | | |

**Whānau Information**

Primary Caregiver

|  |  |
| --- | --- |
| Name of parent/guardian |  |
| Relationship to child |  |
| Address |  |
| Town/city |  |
| Postcode |  |
| Phone number (Cell phone) |  |
| Phone number (Work phone) |  |
| Email |  |

Click the + to add an additional caregiver

**Education Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of ECE/school: | |  | |
| Name of Key Contact:  Role: | |  | |
| Phone |  | Email |  |

**Referrer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person making the request: | |  | |
| Role of referrer: | |  | |
| Address: | |  | |
| Email: | |  | |
| Phone: |  | Cell: |  |

**Are you requesting support for:**

Behaviour  Communication  Early Intervention  Physical Disability

**Other:** Click or tap here to enter text.

**About this Request:**

**What are you concerned about and why are you referring now? How regularly does this happen?**

|  |
| --- |
|  |

**What do you currently have in place to support this student? Who are the members of the support team around this learner AND/OR who is contributing to an individual plan (or IEP) for this learner? What has worked well/partially to date?  Has their hearing been tested?**

|  |
| --- |
|  |

**What other agencies/supports/people are involved with the student and whānau?** (eg RTLB, Health, Paediatrics, CAMHS, Oranga Tamariki, NGO’s, Police, ACC etc)

|  |
| --- |
|  |

**How does this concern impact upon the student’s ability to engage, learn, communicate or socialise effectively?**

|  |
| --- |
|  |

**How does this concern impact upon others?** (e.g. peers, staff, whānau)

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**What type of support were you primarily seeking?** (e.g. around an individual student, group of students, system support for your setting/professional development for staff, whānau support)

|  |
| --- |
|  |

**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 the completed form and supporting documentation to [Learningsupport.nmwc@education.govt.nz](mailto:Learningsupport.nmwc@education.govt.nz)

Version Nov 2021