



Post Prep Enrolment Data Gathering

Student Name: _____

Date of Birth: _____ Anticipated Year Level for Enrolment: _____

This information sits beside and informs responses to Sections 15, *Student Medical Information* and 16 Other on page 9 on *Enrolment Application*.

Please indicate whether the new applicant has been referred to, visited, received a written report and / or diagnosis from any of the following, including relevant dates:

	Referred to	Visited	Written Report	Diagnosis
Occupational Therapist				
Guidance Officer Councillor				
Speech Therapist				
Audiologist / Hearing				
Optometrist / Ophthalmologist / Vision				
Psychologist or psychiatrist				
Social / Emotional Support (eg resilience or friendship programs)				
Paediatrician				
Physiotherapist				
Other				
What concerns were identified which led you to see any of the above professionals? Who identified the concerns?				

Parent / Guardian

Date