BEAUDESERT STATE HIGH SCHOOL

PO Box 104 Beaudesert QLD 4285
Phone: (07) 5542 9111
admin@beaudesertshs.eq.edu.au
https://beaudesertshs.eq.edu.au

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Additional Support Needs

Please complete if your child has any additional needs that may have a functional impact on their schooling.

Student Name:		**Grade:**	**in 20**
Parent / Caregiver Name:			
Phone:		**Email:**	

- List all known diagnosed medical conditions or disabilities (consider the State Schools Standardised Medical Category List within the enrolment application).
- Doctor / Specialist letter supporting the diagnosis is to be provided.

Diagnosed medical condition	Date diagnosed	How does this impact on their schooling?

Describe the types of support your child has received in the past (Literacy/Numeracy Support).

Learning Support	Description of Support
Reading	
Writing	
Numeracy	
EAL/D (Language other than English)	
Other	

This information will be passed on to the relevant Deputy Principal & Head of Department for Inclusion. You can contact Beaudesert SHS on 5542 9111 and request to speak with the DP / HoD if you have any questions about your student's support requirements.