

## SPELD NSW - REMEDIAL ASSISTANCE INFORMATION FORM - TEACHER

Student's Name:

Date of Birth (date/ month/ year):

Parent's Name:

Teacher's Name:

Teacher's Signature:

Date Form Completed:

**It is important that this form is completed by the student's classroom teacher**

It is important for us to have information from the student's teacher about the nature and duration of:

- any remediation or educational support, past or current, provided at the school
- any whole-class strategies in place and
- any assessments that may have been completed recently

to assist SPELD NSW complete a psycho-educational assessment for this student.

*Dear Classroom Teacher*

*Thank you for your assistance in answering the questions in this form. The information you provide will assist SPELD NSW in the assessment of your student. Once the form has been completed, please return it to SPELD NSW. Thank you again for your assistance.*

SPELD NSW

Please return PDFs of this Form and any attachments to SPELD NSW by email to [assessments@speldnsw.org.au](mailto:assessments@speldnsw.org.au).

Please note that we are unable to accept photographs of the form and attachments. If you are not able to send a PDF of the completed paperwork, please post a copy to:

SPELD NSW Clinic  
Level 1, Suite 2  
52 O'Connell Street  
Parramatta NSW 2150

**CURRENT YEAR OF SCHOOLING:**

1. Does the student have an Individual Learning Plan or equivalent? *(Please tick)*

YES

NO

If yes, what is the major area of focus or specific goals identified in the plan?

*(Please attach a copy of the plan if possible)*

2. Are any whole-class strategies implemented to address the student's difficulties? *(Please comment on strategies)*

3. Does the student participate in a small group or one-to-one program in addition to whole class instruction? *(Please tick)*

ONE-TO-ONE

SMALL GROUP – NUMBER OF STUDENTS:

Neither

4. If yes, what is the focus of this program? *(Include names of programs if appropriate)*  
*(e.g. reading, spelling, sentence or paragraph construction, grammar, punctuation, maths concepts, calculations) / (e.g. Sounds-Write, MacqLit, JEMM)*

5. What is the intensity of this program?

Length of session?

Sessions per week?

6. Who provides the program? *(Please tick)*

Class Teacher       Teacher's Assistant       Learning Support Teacher

Parent

Other (specify)

7. How long has the student been involved in this program? What was the start and end date of the program?

8. What stage or age level was the student at when they started the program, and what stage or age level are they achieving at currently? *(Please provide copies of assessment/placement data, if applicable)*

9. What progress has this student made compared to other students in the program?

**PREVIOUS YEARS OF SCHOOLING:**

10. Are you aware of any intervention in previous years of schooling? *(Please tick)*

YES

NO

NOT AWARE

If yes, please give details: *(please tick)*

Class Teacher

Teacher's Assistant

Learning Support Teacher

Parent

Other (specify)

10. Other details *(including names of programs if appropriate):*

**ASSESSMENTS COMPLETED:**

11. Has the student completed a standardised assessment at the school within the last 12 months (e.g. reading measures such as the NEALE or YARC, Motif Assessments, TILLS, a psychological assessment)? *(Please tick)*

YES

NO

NOT AWARE

If yes, please give details (*name of measure, role of person who administered it, results*):

**ANY OTHER COMMENTS?**

**If we have any further questions regarding the above information, could you please provide the below details so that we may contact you directly:**

PHONE:

E-MAIL:

**THANK YOU!**