

SPELD NSW - REMEDIAL ASSISTANCE INFORMATION FORM – TUTOR and other professionals

Student's Name:

Date of Birth (date/ month/ year):

Parent's Name:

Tutor's Name:

Tutor's Signature:

Date Form Completed:

It is important that this form is completed by the student's tutor, or other professional that provides intervention

It is important for us to have information from the student's tutor about the nature and duration of any remediation or intervention that has been provided and any assessments that may have been completed recently to assist SPELD NSW complete a psycho-educational assessment for this student.

Dear Tutor

Thank you for our assistance in answering the questions in this form. The information you provide will assist SPELD NSW with their 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.

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 INTERVENTION:

1. What is the major area of focus or specific goals identified to be targeted? (e.g reading, spelling, sentence or paragraph construction, grammar, punctuation, mathematical concepts, calculation procedures)

2. What strategies are used to meet these goals? *(Please comment on strategies)*

3. Is a specific program used to provide instruction and/or revision in a particular academic skill? *(Include names of programs if appropriate)*

4. Does the student participate in a small group or one-to-one program? *(Please tick)*

ONE-TO-ONE

SMALL GROUP – NUMBER OF STUDENTS:

5. What is the intensity of this program?

Length of session?

Frequency of sessions?

Weekly

Fortnightly

Monthly

Other

How many sessions has the child attended?
What was the start and end date?

PREVIOUS INTERVENTION:

6. Have you provided intervention in the past that had a different area of focus? (Provide details, including names of programs if appropriate):

ASSESSMENTS COMPLETED:

7. Has the student completed a standardised assessment 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):

ABOUT YOU:

8. Please provide information about your role and any professional training you have completed / attended?

ANY OTHER COMMENTS? *(For example, regular communication with classroom teacher and/or parents, any progress made)*

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!