



## EXPRESSION OF INTEREST SPECIALISED LEARNING PROGRAM - AUTISM

Parents seeking enrolment for their child at the Specialised Learning Program - Autism at Jilbup Primary School must register their request by completing this Expression of Interest.

Please email the completed Expression of Interest form to the Specialised Learning Program Coordinator Kirsty Plews [Kirsty.Plews@education.wa.edu.au](mailto:Kirsty.Plews@education.wa.edu.au)

**Please note that submission of this Expression of Interest does not guarantee your child an offer of enrolment or a place within this specialised program.**

### APPLICANTS DETAILS

Parent/Carer name \_\_\_\_\_

Contact details: Phone \_\_\_\_\_ Email \_\_\_\_\_

### STUDENT DETAILS

Student name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Residential address: \_\_\_\_\_

Current school: \_\_\_\_\_

### OTHER AGENCIES/SERVICES providing specialist input or intervention for my child:

Providers Name: \_\_\_\_\_ Role \_\_\_\_\_ Contact \_\_\_\_\_

*I give permission for the agency/person listed to release information pertaining to my child with regard to this Expression of Interest \_\_\_\_\_ (Parent signature)*

Providers Name: \_\_\_\_\_ Role \_\_\_\_\_ Contact \_\_\_\_\_

*I give permission for the agency/person listed to release information pertaining to my child with regard to this Expression of Interest \_\_\_\_\_ (Parent signature)*

1. My child has a diagnosis of autism **without** intellectual impairment
  
2. I have attached the report stating my child has autism
  
3. My child has other diagnosed conditions  Please comment  

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4. I have attached documentation regarding my child's other diagnosed conditions
  
5. My child manages the following independently (tick all that apply):  
    Toileting  Dressing  Drinking  Eating
  
6. My child experiences significant organisation, social and self-regulation challenges in their current education setting  Please comment  

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7. My child experiences academic challenges in their current education setting.  
 Please comment  

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**I submit this Expression of Interest with the following understandings:**

- I am seeking enrolment for my child to attend the Specialised Learning Program – Autism at Jilbup Primary School.
- Assessment of each Expression of Interest requires that the school collect further student specific information. This may involve the school liaising with other service providers, conducting parent and student interviews as well as conducting student observations and further assessments.
- Safe transport of my child to and from the school to attend this specialist program is the responsibility of the parent/carer.
- Submitting this Expression of Interest for the Specialised Learning Program – Autism does **not** guarantee my child will receive an offer of a place. Entry to this program is subject to the suitability criteria as per the selection process conducted by the Specialist Learning Program staff and is subject to availability of places. Places in the program are limited.
- If accepted, I will complete an official enrolment form for Jilbup Primary School and understand that this enrolment will be a full-time enrolment in order for my child to access the program (except Kindergarten). Siblings are **not** guaranteed enrolment in the school.
- When the exit criteria has been demonstrated, my child can transition into their local mainstream school.
- My child's enrolment in the program is subject to review each year.

Parent/Carer \_\_\_\_\_  
Name Signature Date