Full name of person to be assessed:

Date of Birth: Click here to enter text. Male Female School: Click here to enter text.

***Contact information***

|  |  |  |
| --- | --- | --- |
|  | **Parent/Caregiver/Guardian/**  **Adult 1** | **Parent/Caregiver/Guardian/**  **Adult 2** |
| **First Name** | Click here to enter text. | Click here to enter text. |
| **Family name** | Click here to enter text. | Click here to enter text. |
| **Relationship to person ( if applicable)** | Click here to enter text. | Click here to enter text. |
| **Address (include postcode)** | Click here to enter text. | Click here to enter text. |
| **Home contact number** | Click here to enter text. | Click here to enter text. |
| **Work contact number** | Click here to enter text. | Click here to enter text. |
| **Mobile number** | Click here to enter text. | Click here to enter text. |
| **Email address** | Click here to enter text. | Click here to enter text. |

Please indicate which service(s) the application is for: (NB: adult is aged 18 and older or no longer at school)

Child assessment Child assessment for SAC Adult assessment  
 (Special Accommodation Conditions)

Child tuition Adult tuition

*(If already assessed, please provide date of assessment and a copy of the assessment report)*

Are you submitting a Financial Assistance application? Yes No

***Membership Fee***

With parent/caregiver current Community Services Card - $50 *please provide a copy of the card.*

Without a current Community Services Card - $100

Please tick if you need a receipt *(This form becomes a tax invoice once paid)*

*NB: Financial membership must be renewed each year to receive SPELD NZ services.*

**I will pay the Membership fees via (please tick method of payment):**

Cheque payable to **SPELD NZ Inc**

Direct Deposit to **12-3061-0395660-00**: *Please use your name as the reference and “new” as the code.*

***Optional***

Occasionally SPELD NZ may send informative emails to support our members.   
Please tick here if you do **not** wish to receive them

As part of SPELD NZ’s professional quality assurance policy, we regularly review our professional members’ work – i.e. assessors and teachers. Confidentiality is assured as all personal details of the SPELD NZ member are removed (other than first name).

***Declarations***

***I am the parent/caregiver/guardian/aged over 18yrs and am requesting SPELD NZ services.***

***I do***  ***do not give permission for my/my child’s assessment to be reviewed by SPELD NZ.***Signature: ………………………………………………………………………… Date: ………………………………………

***What to do next***

Once this form has been completed and signed, please post or email all your paperwork to your local SPELD NZ Regional Office. (Please review the SPELD NZ map to confirm you region)

Northern Region: PO Box 24-617, Royal Oak, Auckland 1345 [northern@speld.org.nz](mailto:northern@speld.org.nz)

Central Region: PO Box 2008, Stortford Lodge, Hastings 4153 [central@speld.org.nz](mailto:central@speld.org.nz)

Southern Region: PO Box 27 253, Shirley Box Lobby, Christchurch 8640 [southern@speld.org.nz](mailto:southern@speld.org.nz)

***Before sending us the paperwork, please make sure you have enclosed the following:***

**All:**

Completed and signed Membership Application form

Paid membership fee

Completed Financial Assistance Application form (if appropriate)

Provided copy of your current Community Services Card (if appropriate)

Copy of guardianship papers (if appropriate)

Completed Statistics form

**And**

**For all assessment requests: For those already assessed and seeking tuition**

Completed Confidential Case History form  Provided copy of the recent assessment report

**Child assessment requests:**Completed School Questionnaire

Provided copy of child’s most recent school report  
 Provided samples of child’s writing



**Statistical information form**

**LLG/ Region:** Click here to enter text. **Date:** Click here to enter text.SPELD NZ collects data about the students assessed and taught by the organisation’s professional members. As the information is for statistical purposes only, the information will remain confidential and will be held at the SPELD NZ office, for planning and funding purposes.

(**Please click the best answer)**

**Please indicate who is completing this form:** 1.Parent/Guardian  2. Adult Student

3. Other  Click here to enter text.

**Gender of student receiving SPELD NZ help:**  1. Male  2. Female

**Age of student:**  Click here to enter text. Years Click here to enter text. Months (e.g. 9.10)

**Student’s ethnic origin:** 1. European/Pakeha  2. Maori  3. Pacific Island  4. Asian

5. Other  Click here to enter text. 6. Mixed Ethnicity (please state)  Click here to enter text. 7. Unknown

**Family Income (optional):** 1.$20,000 **–** $30,000  2. $30,000 - $40,000  3. $40,000 - $50,000

4. $50,000 - $60,000  5. $60,000 - $70,000  6. $70,000 and over  7. Unknown

**How did you hear about SPELD NZ?** 1.School  2. Health Professional  3. Family  4. SPELD NZ member  5. Friend  6. Advertisement  7. Web site  8. other  please specify:Click here to enter text.

**Learning Difficulties in the family**

Do any members of your family/whanau have similar problems? 1. YES  2. NO

**Student difficulties**: Please circle difficulties experienced by the student.

1. Reading  2. Handwriting  3. Spelling  4. Written expression  5. Maths

6. Speech  7. Clumsiness  8. Hearing/listening  9. Lacking concentration

10. Comprehension  11. Other  (please specify) Click here to enter text.

**How old was the student when the problem(s) were first noticed?**

Click here to enter text.Years Click here to enter text. Months (e.g. 8.11)

**What other help, apart from SPELD NZ, has been offered to or received by the student:**

1. Reading Recovery  2. Kip McGrath  3. Rainbow Reading  4. RTLB ☐

5. RT Lit  6. Teacher Aide  7. Other  (please list)Click here to enter text.

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Admin-Stats S1 April 2016