



Province of the
EASTERN CAPE
EDUCATION

APPLICATION TO WESTVIEW SPECIAL SCHOOL FOR YEAR: _____

Learner's First Name						
Surname						
Date of Birth	YY/MM/DD		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Population Group	Black	Coloured	Indian	White	Other	
Name of Learner's current school						
Contact Number	School :		Parent :			
Current Grade						
Language of Instruction	AFRIKAANS	<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>		
Application Date						
Application Completed By	<i>(Name & Surname)</i>		<i>(Contact Number and Email)</i>			

Please indicate which four workshops you would prefer for your learner (find choices on pg.3 of the addendum):

1st Choice	
2nd Choice	
3rd Choice	
4th Choice	

Mr A. S. Nogaga
Education Development Officer (EDO)

Protection of Personal Information Act

The personal information required in this form is needed for processing applications for possible admission. I, _____ hereby voluntarily provide the personal information as required and consent to the information being processed for the purpose for which it is required.

Signature of Parent/Legal Guardian

Date:

***Only thoroughly completed applications with all the supporting documents included will be processed.**

Documents to be included	Submitted?	
	YES	NO
Completed cover page of this form		
Learner/parent info pgs. 3,4		
Completed SNA 1 pgs. 5 - 10		
Completed SNA 2 pgs. 11- 12		
Completed Form DBE 120 pg. 13		
Completed Form DBE 123a pg. 14		
Attached only the SNA 3 pgs. 15-16		
Learner's latest school report		
A complete psychological assessment by a psychologist (no older than 2 years).		
ID document(s) of parent(s) or guardian(s).		
Birth certificate of learner		
Parent/Guardian signatures on: p 2, 4, 10, 13, 14		

**APPLICATION FOR ADMISSION
TO WESTVIEW SPECIAL SCHOOL**

MOWBRAY STREET
NEWTON PARK
6057

Telephone: 041 - 3651223
FAX: 041 - 3655049

Year:



Learner Information:

Year Applied For		Highest Grade Passed		Year When Grade Was Passed	
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Surname:	<input type="text"/>	Initial(s):	<input type="text"/>
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First Name:	<input type="text"/>	Other Name:	<input type="text"/>
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Date of Birth:	YY <input type="text"/>	MM <input type="text"/>	DD <input type="text"/>	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Race:	<input type="text"/>	Identification or Passport No:	<input type="text"/>
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Country of Residence:	<input type="text"/>	Citizenship:	<input type="text"/>
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If SA, indicate province of residence:	<input type="text"/>	Home Telephone:	<input type="text"/>
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Physical Address:	<input type="text"/>	Emergency Telephone:	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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City/Suburb	<input type="text"/>
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Code:	<input type="text"/>
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Home Language	<input type="text"/>	Preferred Language of Instruction:	<input type="text"/>
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Deceased Parent	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>	Mode of Transport:	<input type="text"/>
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Religion:	<input type="text"/>
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Previous School Information

Name of Previous School:	<input type="text"/>
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Province:	<input type="text"/>	Country:	<input type="text"/>
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Learner Medical Information

Medical Aid Number:	<input type="text"/>	Medical Aid Name:	<input type="text"/>
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Medical Aid Main Member	<input type="text"/>	Doctor Name:	<input type="text"/>
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Doctor's Tel No:	<input type="text"/>
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Medical Condition(s):	<input type="text"/>
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Medication:	<input type="text"/>
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Extra Mural activities of learner:	<input type="text"/>
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Does learner use spectacles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Special Problems Requiring Counselling:	<input type="text"/>
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Dexterity of learner:	Right-Handed <input type="checkbox"/>	Left-Handed <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>	Reg. Social Grant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Rec. Social Grant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

APPLICATION FOR ADMISSION TO SCHOOL

Number of siblings at Westview:

Position in the family (e.g. first):

Please supply full names below only of siblings in Westview:

Name: Year:

Name: Year:

Name: Year:

Parent (1)/ Guardian (1) information:

Title: Initials: Surname:

First Name: Gender Male Female

Home Language: Race:

Identification Number or Passport Number Account Payer Yes No

Residential Street Address:
Suburb: Code:

Occupation: Employer:

Learner resides with this parent/guardian Yes No

Relationship to Learner:
Marital Status of Parent/Guardian:

Parent (2)/ Guardian (2) information:

Title: Initials: Surname:

First Name: Gender Male Female

Home Language: Race:

Identification Number or Passport Number

Residential Street Address:
Suburb: Code:

Occupation: Employer:

Learner resides with this parent/guardian Yes No

Relationship to Learner:
Marital Status of Parent/Guardian:

Contact Details:

Parent/Guardian 1 Telephone:

Work Telephone:

Parent /Guardian 2 Telephone:

Work Telephone:

Parent/Guardian 1 E-Mail Address:

Parent/Guardian 2 E-Mail Address:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print): _____

Signature of Parent / Guardian _____ Date: _____



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM (SNA)

SNA 1 & 2: SCHOOL LEVEL

Surname and names of learner	DOB	/ / (yy/mm/dd)																				
	ID Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
LURITS/CEMIS No.																						
Name of School:	EMIS No.:																					

CONFIDENTIAL

This is a confidential document that must be kept in the Learner Profile

SUPPORT NEEDS ASSESSMENT SNA 1 & 2

SCHOOL-LEVEL INTERVENTION

Both SNA 1 & 2 must be completed at school level.

A Learner Profile, SNA 1 and SNA 2 will be required when support is requested from the District-based Support Team (DBST).

SNA 1: ASSESSMENT AND INTERVENTION BY TEACHER

To be completed by the class teacher and/or subject teachers if the learner is taught by more than one teacher.

- To be completed if the Learner Profile or Screening Report or teacher observation or parent interview shows that a learner has additional support needs.
- Captures information that will be needed when support is requested from the School-based Support Team (SBST) by the teacher concerned.

1 AREAS OF CONCERN

Describe your concern about the learner.

When did you become aware of this?

How did you become aware of this – own observation or was it reported?

How is this currently affecting the learner’s learning and development? Describe.

Complete **the following** table **with** regard to the **learner’s scholastic profile** (information extracted from Learner Profile)

YEAR							
GRADE							
RESULT (Pass/more time/ progressed)							
NUMBER OF SCHOOLS ATTENDED							

Has any disability been diagnosed by a healthcare professional? (as captured in *the Medical and Health Assessment Form [Annexure D]*)

If Yes, complete the following and attach reports.

Health-care Professional	Date of assessment	Summary of results

2 STRENGTHS AND NEEDS OF THE LEARNER

Indicate the strengths and needs of the learner by completing the sections below.

2.1 Communication:

The learner's ability to understand what other people are saying as well as to express him/herself in a way that other people understand – receptive and expressive language.

Strengths	Needs/At risk factors	Support needed

2.2 Learning:

The learner's ability to participate satisfactorily on grade level regarding subject content and assessment.

Strengths	Needs/At risk factors	Support needed

2.3 Behaviour and social competence:

The learner's ability to interact and work with other learners, as well as follow classroom routines.

Strengths	Needs/At risk factors	Support needed

2.4 Health, wellness and personal care:

The learner's physical appearance (looking healthy, clean, well-fed), emotional well-being and health status (consult School Health Screening Report/Road to Health Card)

Strengths	Needs/At risk factors	Support needed

2.5 Classroom and school:

Factors within the classroom and school environment (policies, ethos, attitudes, skills, resources, safety, etc.) that are impacting on the learner's effective participation in the learning process and programmes offered at the school.

Strengths	Needs/At risk factors	Support needed

2.6 Family, home and community situation:

Factors that may be impacting on the learner's ability to achieve satisfactorily at school (e.g. family structure, family stability, biological parents, siblings, other significant adults, orphan, child-headed household, number of schools attended, homeless, in foster care, refugee, immigrant, substance abuse, domestic violence, divorce, neglect, disabled/ill parents, poverty-stricken home background)

Strengths	Needs/At risk factors	Support needed

3 TEACHER INTERVENTIONS/SUPPORT

3.1 Curriculum Intervention:

What curriculum interventions have you as teacher implemented to address your concerns?

- 3.1.1. Comment on/explain how the **curriculum content has been differentiated**, e.g. taking into account that every learner should have access to the grade level teaching and assessment best suited to his/her needs. Have the learner's needs been met by a differentiated curriculum? Have the learner's abilities determined what is expected of him/her without discrimination? etc.

Successes	Challenges

3.1.2 Comment on how **teaching methods** have been adapted/differentiated, e.g. how classroom management has been changed to accommodate learners working at different levels of knowledge, how activities have been modified to ensure that they are meaningful; how a range of graded materials has been used (how material has been modified to allow for a learner's disability, for instance); how the presentation has been modified (e.g. by using pictures/pictures with descriptions/explanations, etc.)

Successes	Challenges

3.1.3 Comment on how the **assessment** has been modified, e.g. by organising the learner's tasks, using different methods of assessment, without compromising the curriculum standards

Successes	Challenges

3.2 What interventions have you as a teacher implemented in the learning environment (classroom/school) to address your observations and concerns about the learner?

Comment, for example, on how the following have been modified: classroom management (e.g. culture/class rules/attitudes/ awareness of disabilities); playground management, e.g. buddy system.

Successes	Challenges

3.3 Comment on how the physical environment has been modified / adapted

E.g. the seating arrangement of the learner has been changed to limit distractions, use of flexible grouping(s) to accommodate learner, the environment has been made wheelchair-friendly.

Successes	Challenges

3.4 Any additional comments that you want to make about the barrier(s) to learning experienced by the learner, the support/interventions provided and continuing challenges that are experienced.

3.5 What additional support/intervention do you as a teacher require from the School-based Support Team (skills, resources, knowledge about curriculum differentiation (both in teaching and assessing))

3.6 Schedule/Log of consultation(s) with: Parent/Legal Guardian/Caregiver/Learner himself or herself.

Date	Purpose	Outcome

3.7 Views expressed by Parent/Legal Guardian/Caregiver/Learner during the consultation(s):

Role player	Initials and surname of person (print)	Signature	Date (YY/MM/DD)
Teacher/ Manager			
Parent/Legal Caregiver			
Learner (if applicable)			

SNA 2: ASSESSMENT AND INTERVENTION BY SCHOOL-BASED SUPPORT TEAM (SBST)

To be completed by the SBST in consultation with the teacher

- *To be completed when requesting support from the DBST by the school*

1 REVIEW

SBST reviews the information provided by the teacher: Section 1, supporting documents, verbal reporting.

1.1 Does the SBST agree with the teacher's identification of the learner's barrier(s) to learning , strengths and needs/challenges. If not, provide comments:			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Comments:			
1.2 Does the SBST agree with the teacher's support to deal with the barrier(s) to learning? If not, provide comments or suggest alternative support:			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Comments:			

2. SUMMARY OF IDENTIFIED BARRIERS TO LEARNING AND SUPPORT THAT WAS/ IS/WILL BE PROVIDED BY SBST

3. INDIVIDUAL SUPPORT PLAN (COMPLETED BY CLASS TEACHER AND SBST)

List the area(s) in which the support needs to be provided: Communication; Learning; Behaviour and social competence; Health, Wellness and personal care; Classroom and school; Family, Home and community; Teacher development/ training, etc. (See SNA 1)

Area(s) in which support is needed	Target to be achieved	Strategy of intervention <i>(If the learner needs concession, or is an immigrant who needs exemption, use Annexure B. If a medical condition must be investigated by a medical or other specialist, use Annexure D)</i>	Responsible person	Time Frame	Review date <i>(to assess achievements of the target)</i>	Comment on progress made in achieving target(s)
E.g. Behaviour and social competence	Stop bullying behaviour	<ul style="list-style-type: none"> ●Assign mentor/teacher to support learner ●Raise awareness during assembly ●Review school conduct policy ●Call in the parent/legal caregiver 	Principal	Within a week	15 April 20...	

REQUEST FOR SUPPORT FROM THE DISTRICT-BASED SUPPORT TEAM (DBST), BY SBST

- To be completed by the SBST only when requesting support from the DBST
- Copies of Learner Profile, SNA 1 and 2 and all other relevant supporting documents must be submitted.

Provide reasons and motivation why support is needed from the DBST:

State what support is needed from the DBST:

Initials and surname of SBST Coordinator (print)		Signature		Date:	
PARENT/LEGAL CAREGIVER SUPPORTS REQUEST FOR DBST ASSISTANCE			YES		NO
Comments:					
Initials and surname of parent/legal caregiver (print)		Signature		Date:	
PRINCIPAL'S PROFESSIONAL JUDGEMENT ON REQUEST FOR SUPPORT FROM DBST					
Request supported			YES		NO
Reason for decision and recommendation					
Initials and surname of principal (print)		Signature		Date:	

ANNEXURE A1

REQUEST BY PARENT/LEGAL CAREGIVER FOR PLACEMENT/TRANSFER OF LEARNER TO A RESOURCE CENTRE/SPECIAL SCHOOL TO ACCESS A HIGH-LEVEL SPECIALIST SUPPORT PROGRAMME

(This section must be completed by the Parent/Legal Caregiver/Guardian)

I, _____ the Parent/Legal Caregiver/Guardian of

_____ (name and surname of learner) who is at present attending the

_____ (school), request the Department of Education to transfer my

child to _____ (resource centre/special school/programme) for the purpose of

Witnesses 1 _____ 2 _____

I, _____, parent/guardian of _____

hereby grant my permission for him/her to write a Competency Verification Test at Westview Special School.

Parent / Guardian Signature

Date