

Student SAC Historical Record

First name:	Last Name:
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Tick any of the conditions that apply. For "Other", write what it is.

<input type="checkbox"/>	Diagnosed Specific Learning Disorder:
<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Dysgraphia
<input type="checkbox"/>	Dyspraxia
<input type="checkbox"/>	Dyscalculia
<input type="checkbox"/>	Other:

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or

Sensory	Medical	Physical	Learning
Vision	Attention deficit	Arm / Hand	Reading
Hearing	Autism Spectrum	Back / Leg	Writing

Provide recent reports from the list of people above to the school. Fill in details from these reports below.

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Te Rārangī Aromatawai (SAC) a te Ākonga

<i>Ingoa (tuatahi):</i>	<i>Ingoa (whanau)</i>
<i>Rā Whanau:</i>	<i>Te Kura:</i>

<i>Maō mate</i>	<i>Maō mate ā tinana</i>	<i>Maō mate whakao</i>
		Learning Disorder.
		Dyslexia
		Dysgraphia
		Dyspraxia
		Dyscalculia

Whakakīngia te papatau e whai ake nei. Whakaarohia ki ngā taunaki a ngā tākuta, ngā hohipera, ngā rata whakatika tinana, whakatika wairua, ngā kaiarotake taumata C, ngā tohunga panui, ngā kaiako motuhake, ngā kaiāwhina o te kura me ngā haora, ngā kaiako mō te reo, ngā RTLB, RTLit, BLENNZ, ngā kaiāwhina