

# Grey High School

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## STUDENTS WITH SPECIAL EDUCATION NEEDS ASSESSMENT

We are required to provide the Department with all information regarding any student who is classified as such a student. In addition, we are also required to provide any details of testing conducted by a registered and professional assessor. In terms of the Department's classification the following categories of special needs exist:

**BLIND:** Students who experience a severe visual impairment and who depend on specialised educational support;

**PARTIALLY SIGHTED:** Students who experience visual impairment and are in need of additional help;

**DEAFBLIND DISABLED:** Students who are completely deaf and blind;

**CEREBRAL PALSIED:** Injury of the spine and must be declared medically as such by a medical practitioner;

**SPECIFIC LEARNING DISABLED:** Students who experience severe barriers to learning e.g. in the form of reading or writing and who are in need of additional specialised help.

**BEHAVIOURAL DISORDER (includes severe behaviour problems) :** Students with a severe behavioural disorder of such a degree that it is difficult to accommodate them in an ordinary class;

**MILD OR MODERATE INTELLECTUALLY DISABLED:** Students who experience moderate intellectual disability and are more than two years behind their peers;

**SEVERE INTELLECTUALLY DISABLED:** (Includes severely mentally handicapped): Students who experience severe intellectual disability and are more than two years behind their peers;

**PHYSICALLY DISABLED:** Students with a significant physical disability and who are in need of additional specialised support;

**AUTISTIC SPECTRUM DISORDERS:** Students experiencing pervasive development disorder. Must be declared as such by a medical practitioner;

**EPILEPSY:** Students who experience barriers to learning owing to epilepsy and who are in need of additional specialised support. Must be declared medically as such by a medical practitioner;

**ATTENTION DEFICIT DISORDER WITH/WITHOUT HYPERACTIVITY:** Students who experience barriers to learning owing to attention deficit disorders and who are in need of additional specialised support.

It is imperative that the school provides information which is as accurate as possible, since the Department allocates the school its staffing complement based on the abovementioned statistics. Therefore, should the Department believe that we have the necessary number of students with special needs, then we will be provided with additional staff to assist such students.

We also require this information to best support your son to reach his potential, to apply for examination concessions e.g. extra time during examinations, to be proactive with academic support and intervention strategies. All relevant reports and supporting documents regarding your son's special needs must be attached to this application. This is a requirement from the Department and it will assist us in supporting your son.

In light of the above, please peruse the list carefully and then complete the attached reply slip, if necessary and return to the school in a sealed envelope. Please note that any information you provide will be treated in absolute confidence and will in no way have any detrimental effect on your son.

**MELISSA RIORDAN**  
**DIRECTOR: PASTORAL CARE**

*(please turn over - p2 )*

# STUDENTS WITH SPECIAL EDUCATION NEEDS

## Application Form - *Private & Confidential*

**NAME OF STUDENT:**

**NAME OF PARENT / GUARDIAN:**

**CONTACT TELEPHONE NUMBERS:**

WORK: \_\_\_\_\_ HOME : \_\_\_\_\_ CELL: \_\_\_\_\_

Please select the Special Education Needs category in which your son falls, by ticking the relevant category – **supporting medical documentation MUST be attached to this form:**

<b>1</b>	<b>Blind</b> <i>Students who experience a severe visual impairment and who depend on specialised educational support</i>	
<b>2</b>	<b>Partially sighted</b> <i>Students who experience visual impairment and are in need of additional help</i>	
<b>3</b>	<b>Deafblind disabled</b> <i>Students who are completely deaf and blind</i>	
<b>4</b>	<b>Cerebral palsied</b> <i>Must be declared medically as such by a medical practitioner</i>	
<b>5</b>	<b>Specific learning disabled</b> <i>Students who experience severe barriers to learning e.g. in the form of reading or writing or mathematics and who are in need of additional specialised help</i>	
<b>6</b>	<b>Behavioural disorder (includes Severe Behavioural problems)</b> <i>Students with a severe behavioural disorder of such a degree that it is difficult to accommodate them in an ordinary class e.g. oppositional-defiance disorder</i>	
<b>7</b>	<b>Mild or moderately intellectually disabled</b> <i>Students who experience moderate intellectual disability and are more than two years behind their peers</i>	
<b>8</b>	<b>Severe intellectually disabled (includes Severe Mentally Handicapped)</b> <i>Students who experience severe intellectual disability and are more than two years behind their peers</i>	
<b>9</b>	<b>Physically disabled</b> <i>Students with a significant physical disability and who are in need of additional specialised support</i>	
<b>10</b>	<b>Autistic Spectrum Disorders</b> <i>Students experiencing pervasive developmental disorder or falling in the continuum that effects social skills and figurative thinking. Must be declared as such by a medical practitioner</i>	
<b>11</b>	<b>Epilepsy</b> <i>Students who experience barriers to learning owing to epilepsy and who are in need of additional specialised support. Must be declared medically as such by a medical practitioner</i>	
<b>12</b>	<b>Attention Deficit Disorder with/without Hyperactivity</b> <i>Students who experience barriers to learning owing to attention deficit disorders and who are in need of additional specialised support <b>(supporting medical documentation MUST be attached to this form)</b></i>	

Additional comments you would like to bring to the attention of the Grade Head:

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\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE