

Tēnā koe,

### **Learning Support - Whaikaha Referral Form**

We would like to support your daughter's additional learning needs during her time at Tauranga Girls' College. In order to provide this assistance, we require signed permission from both you and your daughter, along with any supporting information or reports that you are able to provide. We also need your permission to contact her previous school(s) and supporting agencies (e.g. Te Whānau Kotahi or MICAMHS) to ensure that we have full information to develop her support plan.

As part of this process your daughter will be added to our school Learning Support Register, which allows us to store, collate, and share information with our college staff to ensure we can effectively assist your daughter's academic and social development. Such information may include information from parents/whānau, educational or paediatric assessments, previous referrals to external agencies along with any transition notes and/or school-based diagnostic assessments.

In some cases, this support may include further school based testing in the near future. There is no cost for this testing and the results will give guidance on the level and type of support we are able offer.

If required, this information may be shared with external agencies to support your daughter's learning. These agencies may include Resource Teachers of Learning Behaviour (RTLB), Ministry of Education (MOE) - Learning Support and/or the New Zealand Qualifications Authority (NZQA). Any information would be shared in accordance with the NZ Privacy Act guidelines, with the expectation of professionalism and confidentiality.

If you have any questions or queries regarding the Learning Support Register or the assistance we are able to provide to support your daughters learning, please do not hesitate to contact me.

Mrs Trish Valois, Leader Inclusive Learning  
Learning Support Whaikaha  
tvalois@tgc.school.nz

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Student name: \_\_\_\_\_ Whānau class: \_\_\_\_\_

Signed student: \_\_\_\_\_ Date: \_\_\_\_\_

- Yes, I give permission for Tauranga Girls' College to contact my daughter's previous school(s) and support agencies to collect information about her educational and developmental history.
- Yes, I give permission for my daughter to have additional testing, if necessary.
- Yes, I give permission for my daughter to be included on the Tauranga Girls' College Learning Support Register.

Parent/Caregiver name: \_\_\_\_\_

Signed Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Year level Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Extra information: \_\_\_\_\_  
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