

Office Use Moderation	-	FINAL



Request Form: In-Class Support 2019

Students in Year 3-10 in 2019 with ongoing learning needs (within Level 1 of the NZ Curriculum in both numeracy and literacy) are the agreed Canterbury priority for 2019

Form Completed By:	Role:		
Student Name:	DOB:	Age:	Gender:
NSN:	Year Level 2018	_	
Ethnicity:	2 5 8	6	4 7
Current School (2018):	School Facility Number:	F	RTLB Cluster:
Parent/Caregiver Names:	Parent/Caregiver Address:		
School (2019) & Facility Number (if transitioning):			

MINISTRY OF EDUCATION BUSINESS SUPPORT OFFICE USE ONLY		
Entered new student into SS		
	Create new file if needed	
CMS	Update School	
	√ In-Class Support and enter funding notes in 'Other' funding	
Entered Funding into Te Kereru		
H03 emailed to school		

Student Name:	Length of Time at this school:
Did this student receive ICS in 2018? Yes	No
If Yes Explain how has ICS funding improved access/ engagement and ach student:	ievement in the inclusive setting for this
Person Supporting this Application (RTLB/ LS):	Date Discussion Held:
ORS Application made: Y N	Date:
Diagnosis (if applicable):	Date:
Made by: Any Comments:	
Attendance of Concern: Y N	Attendance Data
If Yes, explain:	Term 2 2018:
	Term 3 2018:
Additional Support for Learning provided for this student i	n last 12 months:
School Based Interventions e.g.: Individual/ Group/ Reading Recovery	
RTLB Supports:	
MOE/ Learning Support e.g.: LLI, EI, SLT, OT, BLENNZ	
Other:	
Attached Current IEP/ CAP/ Intervention Plan:	
Y / N	
If No, provide explanation:	

Student Data - Literacy (Evidence Level 1)

Assessment tool	Literacy data collected within Term 3 2018			
Term 3 Running	Instructional Hard (90-95% Accuracy – use seen text)		Hard (<90%Accuracy)
Record: (Attach copy of	Date of Running Record:		Date of Running Record:	
Instructional RR)	Reading age:		Reading age	:
	Accuracy = %		Accuracy =	%
	Comprehension = (75	5% or above)	Comprehension = (75% or above)	
	=	%		= %
Burt Word Reading:				Date:
Burt or Peters spelling age:				Date:
10 minute unassisted writing sample: (Attach dated copy)	Number words:	Comments:		
	Number mistakes:	Comments:		
	Quality of sentence structure:	Comments:		
Secondary Other e.g. YARC/ NEALE/ 6 Year Survey	Comments:			Date:
Additional Comments o	n Literacy, to support	evidence of Lev	el 1:	

Student Data - Numeracy (Evidence Level 1)

Numeracy data collected	within Term 3 2018	
JAM within Term 3:	Comments:	Date:
JAM WILIIII TEITII 3.		
Other Evidence:		
Additional Comments or	Numeracy, to support evidence of Level 1:	
Any additional information	on to support this application:	
e.g. ASD, Sensory, Phys.	ical Communication Needs:	

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Privacy Act

By signing this form, parents are giving permission for information to be used by Ministry of Education

Learning Support/RTLB for the purposes of support consideration. Ex Learning Support/RTLB as a result of any earlier consultations may appropriate decisions for your child's support.	,
Consent	
I/We consent to this request for (Student Name)	
Parent / Caregiver Name/s:	
Signature/s:	Date:

SU	BMITTERS CHECKLIST:
	Current CAP/ IEP attached
_	Instructional Running Record (seen) attached
_	10 minute unassisted writing sample attached
_	JAM attached
_	Parent/ Caregiver signed Consent
	Please combine this form and attachments in a single PDF file and name in format: 'ICS School Name Student Name' (e.g. ICS Hill School Bill Blogg)
	Please email to ics.canterbury@education.govt.nz
	before 5pm on Friday 28 th September 2018
	An acknowledgment email will then be sent to the submitter confirming receipt of application