



Learning Enhancement – Clifton SHS

Student Name:			
Student DOB:		Year Level Student is Enrolling In:	

In order to help us to cater for the diverse learning needs of all students at our school, please complete the following questions below. Please circle the relevant answers. If you would like to arrange an appointment time to speak with our Head of Special Education Services (HOSES), please contact the school. Welcome to CSHS!

Does your student have a verified disability?	YES / NO	
What is the verified disability?	Intellectual Disability Hearing Impairment Vision Impairment Autism Spectrum Disorder Speech & Language Impairment Physical Impairment Other : _____	
Does your student have any learning difficulties?	YES / NO	
In what areas do you believe your student requires support?	English Maths Science History/Geography/ SOSE	Sport/HPE Socially Communication Other: _____
Has your student received support from previous school/s?	YES/ NO	Name of School/s:
Has your student required support for medical needs or behaviour support in the past?	YES / NO If yes – please specify	
Does your student identify as gifted & talented?	YES / NO Details:	
Any other relevant information you would like to supply in regards to your students learning and/or emotional needs		

Address

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Queensland
Government

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