

SALISBURY SCHOOL

Private Bag 1
RICHMOND
Nelson 7050



Telephone: (03) 544 8119

Facsimile: (03) 544 9698

ENROLMENT INFORMATION

Mission Statement:

Empowering through support to succeed.

Statement of Intent:

Salisbury School has a vital role within special education in New Zealand. Its facilities, programmes and services will be enhanced and developed to ensure reintegration of students into their schools and communities.

Eligibility:

Placement at Salisbury School is considered the most appropriate way to:

- Increase learning achievement by providing a significantly modified/adapted curriculum programme to enable optimum learning to occur;
- Significantly enhance the student's personal and social skills and improve each student's ability to manage her behaviour appropriately in a variety of individual and social situations; and
- Enable the student to be reintegrated into an age appropriate education environment in their home community.

Students to be enrolled must meet the following criteria:

- They are in Year level 7 – 10 of schooling at the time of enrolment and have an underlying intellectual impairment;
- Their educational, social and emotional, including behavioural, learning outcomes are not achieved appropriately.
- Significant adaptation of almost all curriculum content is required in comparison with students of similar age who do not have special education needs.
- Their enrolment/attendance is unlikely to be detrimental to the safety of others.

For example:

- students who no longer exhibit severe behaviours (including severe violence).
- students who do not have a history of sexualised behaviours that have compromised the safety of others.

- students who have been responsive to the treatment of any psychiatric illness, i.e. suicidal ideation or attempts at suicide.
- students who have been responsive to treatment for substance abuse.

Referring Agents:

Applications may be made only by: Fundholders for the Ongoing and Reviewable Resourcing Schemes (ORRS), the Ministry of Education Group Special Education or Resource Teachers of Learning and Behaviour (RTLB) through their Management Committees.

Referring Agents will:

- 1 Assess the student's eligibility against the specified criteria.
- 2 Complete the enrolment application and attach all information.
- 3 Ensure the completion of the MOE application for an agreement for special education form.
- 4 Forward all documentation to the Salisbury School Enrolments Committee for consideration at least ten days before the meeting dates (as notified on website www.salisbury.school.nz.)

Ongoing Referrer Responsibilities:

As the referrer you will be expected to continue with an active role in the life of the student and their family during the enrolment at Salisbury School.

This role would include the following:

- 1 Maintain contact with the family and allied agencies at Individual Education Planning (IEP) times (6 monthly) to ensure parental understanding of goals set.
- 2 To support the family through the IEP process.
- 3 As the reintegration period begins, six months prior to the student's discontinuation from Salisbury School, the referrer will be expected to be part of the Individual Transition Plan (ITP) team.

Further information on Salisbury School can be obtained from the following by written request, telephone or email. Please contact:

Barbara Nelson (Associate Principal) – email: associate.principal@salisbury.school.nz
phone: 03 5448119 ext 290

All referrals will be considered by the Salisbury Enrolments Committee. Notification of the decision will be related to the referring agent within a week of the committee meeting.

A copy of the forms required for enrolment at Salisbury School follows: **Applications will be considered only on the form currently posted on our website.**

PRINCIPAL

GUIDELINES FOR APPLICATIONS TO SALISBURY

- Intakes occur at the beginning of term 1 and term 3. We usually have a waiting list so early preparation and receipt of the application is advised.
- Please be sure that the referred student is a slow learner due to intellectual impairment or personal processing difficulties.
- The student needs to be in Year Seven (form one) to Year Ten (form four) at time of enrolment.
- Salisbury School offers programmes to meet individual needs over a two-year enrolment period. At the end of the two years assistance will be available to ensure the reintegration of the student into ongoing education, training or employment.
- To avoid unnecessary dislocation for the student, it is of importance that other interventions are explored prior to acceptance. Alternative schools, or living environments, if available, should be given a fair chance to succeed before an application is made.
- Decisions about acceptance are made by a committee and rely on the information provided. Information, programmes and interventions must be current and provided in full detail. Without full and current information, decisions may be deferred until the information is made available to the Enrolment Committee.
- Details of the family background must be comprehensive and informative.
- Full details of any court orders or directions in place and/or Government or community agency involvement must be included.
- The safety of students already in residence takes priority. **Enrolment of students who it is considered may compromise the safety of other students will not be accepted regardless of other criteria being met.** A residential placement demands greater caution than day placements.
- There must be commitment by the referrer to support the student in re-integration to their home community. The Salisbury School reintegration teacher will assist in transition as appropriate.
- Any prior counselling or other therapies provided to the student must be detailed as to duration and outcomes preferably with a report from the counsellor or therapist.
- All Salisbury enrolments are reviewed every six months. This enables students making satisfactory improvement to continue. Students who are not making the desired improvement in spite of programmes and resources offered, may return to their home communities to access alternative interventions that may be more appropriate.
- Applications must be received at least ten days prior to the next scheduled meeting of the Enrolments Committee. A separate page on the website provides meeting dates for this year.

Application Information required for Salisbury School

Re:

**REFERRALS WILL NOT BE CONSIDERED
BY THE SALISBURY ENROLMENTS COMMITTEE
WITHOUT COMPLETION AND INCLUSION OF ALL THE FOLLOWING ITEMS:**

- THIS CHECKLIST
- COMPLETED APPLICATION FORM
- APPLICATION SIGNED BY REFERRER AND REFERRER'S SUPERVISOR
- BIRTH CERTIFICATE (attach copy)
- RECENT PHOTOGRAPH OF STUDENT (original, not photocopied)
- REINTEGRATION PLAN
- REPORT FROM CURRENT SCHOOL
- IEP AND LATEST REVIEW (within last 6 months)
- INFORMATION ON AT RISK BEHAVIOUR
- MEDICAL REPORT (completed by Medical Practitioner)
- PARENTAL CONSENTS (Parent/guardian)
- PRIVACY INFORMATION FORM (Parent/guardian)
- RELEASE OF LEGAL INFORMATION CONSENT (Parent/guardian)
- COMPLETED APPLICATION FOR MOE AGREEMENT FORM
(Signed by Parent/Caregiver and Local GSE District Manager)

THE FOLLOWING ITEMS SHOULD BE INCLUDED IF APPLICABLE:

- INFORMATION ON CHILD, YOUTH AND FAMILY INVOLVEMENT (If applicable)
- PSYCHOMETRIC TESTING, COMPLETED WITHIN THE LAST TWO YEARS

PLEASE ATTACH THIS CHECKLIST SHEET TO THE APPLICATION

**Application for an Agreement for Special Education
at Salisbury School under Section 9 of the Education Act 1989**

This form is to be used when applying for a Section 9 agreement to access special education.

Student Details:	
Family/Given Name	
First names:	
Date of Birth:	ORRS No:
Ethnicity	Gender: Female

Family Details:	1	2 (if applicable)
Parent/Caregiver:		
Address: (including postcode)		
Telephone No:		

THIS APPLICATION IS FOR: _____ (student's name)

to access special education at
Salisbury School (525) 67 Salisbury Road, Richmond, Nelson 7020.

PROPOSED DURATION OF AGREEMENT – Two years from enrolment date.

Enrolment Date: _____

This application to be used in conjunction with Application for Enrolment Form for Salisbury School (available on website www.salisbury.school.nz)

Signatures:	
Parent/Caregiver:	Date:
Recommended by <u>local</u> GSE District Manager:	Date:
Principal - Salisbury (after approval by Enrolment Committee)	Date:
Southern Group Special Education Regional Manager:	Date:



Salisbury School Application Section 3 – MOE Agreement



Agreement for Application to Salisbury School

I, _____,

agree that all local options for the education of

have been explored and she is eligible to be considered for enrolment at
Salisbury School.

Date: _____

Signature: _____

LOCAL DISTRICT MANAGER GSE

Application Form for Salisbury School

Full name of student referred:			
Date of birth: (Attach Birth Certificate)			
Ethnic origin:			
Iwi:			
Referral compiled by:	Please ensure signature is also at end of application.		
Referrer's role GSE, RTLB, ORRS fundholder			
Referrer's address:			Postcode: <input style="width: 50px;" type="text"/>
Telephone:		Fax:	
Email address:			
Signature of referrer's supervisor	Please include name and designation.		

Current school:				
Year level:		Class:		ORRS: Yes / No

Student's home address:			
			Postcode: <input style="width: 50px;" type="text"/>
Telephone no.			

Mother's name:			
Address:			Postcode: <input style="width: 50px;" type="text"/>
Telephone no. Home:		Work:	
Email address:			

Father's name:			
Address:			Postcode: <input style="width: 50px;" type="text"/>
Telephone no. Home:		Work:	
Email address:			

In case of emergency if the parent/caregiver is not available, who should be contacted:	
Name:	
Relationship:	
Address:	Postcode: <input type="text"/>
Telephone number:	
Fax Number:	

Names and contacts for any additional guardians/foster parents (if applicable):	Postcode: <input type="text"/>
Telephone:	
Additional contacts:	
Telephone:	

<p>What do you consider should be the 2-year goal for this student while attending Salisbury? This goal will be included in all Individual Education Plans.</p>
<p>Please advise if there are particular goals you would like to see set in relation to Te Reo and Tikanga Maori</p>

Schooling Information for Salisbury School, Nelson

*To be completed by the school in which the pupil is currently enrolled.
This section of the referral may be handwritten*

Name of student:	
School and address:	Postcode: <input type="text"/>
Time at current school:	
Year level:	
Previous school if known:	
Attendance patterns:	
Date school information compiled:	
Teacher:	

Is the student ORRS funded?	Yes		No	
If yes, please state ORRS Number				
Has the student received support from an RTLB?	Yes		No	
Has the student received SLS?	Yes		No	
Has the student received support from a BEST?	Yes		No	
Has the student received support for communication?	Yes		No	

CURRENT SCHOOL LEVELS OF ACHIEVEMENT

ENGLISH	LEVEL	COMMENT
Running record within 1 month Instructional Reading Age is: ie where Accuracy is > 95% Self Correction rate is > 50% Comprehension > 75%		
Burt Word Score		
Spelling		
Written Language Sample 10 Minute Unassisted		

Receptive Language eg PPVT		
Listening eg PAT		
Attitude, interest and application of skills:		

MATHEMATICS	LEVEL	COMMENT
Number		
Measurement		
Geometry		
Algebra		
Statistics		
NUMPA Assessment		
Attitude, interest and application of skills		
Other relevant assessments eg WISCIII, Tosca, Ravens, Stanford Binet		

PHYSICAL EDUCATION
Coordination and skill level:
Participation and attitude:

SOCIAL BEHAVIOUR
Social relationships with peers and staff:
Behaviours within classroom:
Behaviour outside classroom:

Self-care and living skills:
Any known history of drug taking
Please detail any at risk/safety issues known:

LEISURE Please list strengths and interests
CULTURE
Strengths, needs, interests; please include goals and parental aspirations in relation to Te Reo and Tikanga Maori.

What is the current school doing to meet this student's needs? Please provide a brief history of interventions and support put in place prior to application.
What alternatives have been explored for this student prior to considering an application to Salisbury?
Detail GSE or RTLB assistance to date and the student's response to this.

Thank you for your time spent in completing this. Please include samples of recent work, latest IEP and school report.

Class Teacher

Principal

School: _____

PROFESSIONAL INVOLVEMENT

Other educational and allied professionals already consulted and/or working with student and her family.

Insert extra lines as needed. Please include name of contact, year(s) involved, addresses, telephone numbers and email address if available.

Ministry of Education Special Education

Resource Teachers / Learning & Behaviour

Supplementary Learning Support Teacher

IHC

Speech Language / Occupational Therapists

Itinerant Teacher of the Deaf, Advisor of the Deaf

ACC Support

Child Protection Team

Paediatrician
Psychiatric Services
Counselling Services
Medical Specialists
Is this student on any form of benefit: <i>Please detail.</i>
Have other agencies currently active with this student been consulted? If yes, what is the nature of this involvement?
How is the agency supportive of this application?
Alternative placement / provisions explored: <i>Please detail outcomes.</i>
Current living placement: <i>Please describe environment fully and detail concerns.</i>

FAMILY RELATIONSHIPS AND BACKGROUND

Composition of Family:

Names	Relationship	Age	Gender	Occupation/school

Home environment. *Please detail special family circumstances.*

Languages spoken in the home: *Please detail, by whom.*

Student's relationships with:

Family members/caregivers:

Siblings:

Adults:

Peers:

Authority figures:

How well developed are the student's self-care skills, e.g. dressing, toileting, grooming, bed-making, chores etc.

How would you describe the student's stability, self-control, confidence, self-esteem?
Please state areas where Salisbury can help with improvement.

Leisure-time interests/sports *Please comment on any involvement in community organization/clubs and whether the student desires to continue this involvement.*

Details of intended holiday placements, names and relationship of caregivers to student.

Has the student been brought up in an environment where Te Reo Maori has been spoken?
Please define: All of the time, most of the time, some of the time, never.

If so, where? e.g., home, school, marae, kohanga, kapahaka, whakapapa.

Please provide appropriate information on whakapapa, especially iwi links. Add Iwi to page 2 of application form.

Development History: e.g. birth trauma, milestones, early medical diagnosis.

Medical History: *Has a formal diagnosis been reached? Please include relevant medical reports, paediatric reports, psychiatric reports etc.* Please note current Medical Report also to be supplied by current medical practitioner. A form for this purpose is provided within this document.

Any known history of drug-taking:

Psychometric Testing including IQ range. Please ensure information provided is recent (within past two years).

Test used

Comment:

BEHAVIOURS OF CONCERN

School context, e.g. has the student been a victim of bullying? How does she react?

Home/living context – please list challenging behaviour:
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Interventions: <i>What interventions have been tried for these behaviours? Provide documentation of behavioural programmes, contracts etc used if available to you.</i>

Dates of implementation and length of programme/ number of sessions:
--

Description of intervention:

Personnel involved:

Please describe outcomes achieved:

Specific needs and key results expected: Two year goals:
--

What programmes have been implemented to date and what outcomes have been achieved?

--

REINTEGRATION PLAN

What is the expected placement for this student on her return home? Home placement? School placement? Work experience? (i.e. in two years' time).

--

Who will be responsible for the implementation of the reintegration plan?

--

Who is responsible to ensure the student's ongoing needs will be met on return to the local school, community or alternative service provider?

--

Referrer of application

NAME: _____ SIGNATURE: _____ DATE _____

--

MEDICAL REPORT ON STUDENT BEING REFERRED FOR ADMISSION TO SALISBURY SCHOOL

(Salisbury School is a residential school situated in Nelson for girls with special needs, and this form, after completion by doctor in home area, is given to the school's doctor for his/her use while the student is in residence in term time and a copy is kept on student's personal file at the school. Thank you.)

NAME OF STUDENT: _____

DATE OF BIRTH: _____

ETHNICITY _____

CURRENT ADDRESS: _____

NHI No. _____

KNOWN HEALTH HISTORY:

Current problems

Previous medical history / hospital admissions / surgery

Medications (including dosages, recommending specialist, Special Authority Approval no.

Allergies

Menstrual history / contraception

Family history

Personal history

Social history

--

Names of specialists involved and copies of the 3 most recent reviews and next appointment date.

EXAMINATION:

General appearance and physique: (Note any deformities/markings):

Height: _____	Weight: _____

Skin and Scalp:

--

Ears:

Hearing last tested _____ Result: _____
Interventions:

Eyes:

Vision last tested: _____ L): _____ R) _____
Interventions:

Nose:

Throat:

Teeth and gums:

Palate:

Glands:

Herniae:

THIS PAGE TO BE COMPLETED BY PARENTS/GUARDIAN

PRIVACY OF INFORMATION FORM

- I agree to **SALISBURY SCHOOL** collecting information on:

_____ born _____
 (Full name of student)

- I understand that the information will be used by staff and consultants to aid in developing programmes to assist the student socially and academically.
- I agree that the information may be disclosed in confidence to education, welfare, health and appropriate community agencies.
- I accept that the information supplied may be used for statistical and/or research purposes in a way that does not identify me or the student.
- I understand that the information I provide will be held at **SALISBURY SCHOOL**, 67 Salisbury Road, Richmond, Nelson. On discharge from the school, the student's schooling records will be forwarded to the appropriate school when requested. In the case of the medical records, these shall be retained at the school until written instructions are received from the student/parent/legal guardian/agent as to which medical practitioner the records are to be forwarded to.
- I am aware I have a right of access to, and the correction of this information if proved to be incorrect.

Signed _____ Date _____
 Student/Parent/Legal Guardian/Agent
 (Please delete those not applicable.)

Full name: _____

THIS PAGE TO BE COMPLETED BY PARENT/GUARDIAN

RELEASE OF LEGAL INFORMATION TO SALISBURY SCHOOL (if applicable)

I/We hereby agree to the release of the following information, including the future provision of any changes to orders or specific directions of the Family Court for my/our daughter:

Release of legal information and copies of any current orders and/or directions of the Family Court to:

The Principal
Salisbury School
Private Bag 1
Richmond
Nelson 7050

Phone: 03 544 8119
Fax: 03 544 9698
Email: principal@salisbury.school.nz

by my/our legal representatives who is/are:

Name: _____

Address: _____

Telephone: _____

Email: _____

Fax: _____

And /or by our daughter's representative (counsel for child) who is:

Name: _____

Address: _____

Telephone: _____

Email: _____

Fax: _____

Signature(s): _____

Name: _____

(Parent/Legal Guardian/Custodian/Agent)

CHILD, YOUTH AND FAMILY SERVICE INVOLVEMENT

		Yes : Mark with tick	No : Mark with cross
1	Has CYFS ever been involved with this family/student?		
(a)	Currently		
(b)	Historically		
(c)	Student's CYFS status		
2	If CYFS are currently involved, please either include or forward in confidence to the Principal the following:		
(a)	A copy of Order (s) – Custody, Guardianship, Access etc		
** (b)	A copy of the most recent Court Report and/or		
* (c)	A copy of the most recent Family Group Conference		
(d)	A copy of any Strengthening Families outcomes/recommendations		
** (e)	Social History and intake case notes pertinent to the child.		
(f)	A copy of all notifications to CYFS (if any)		
	Present contact person:		
	Address:		
	Telephone number:		
	Email address:		
3	If CYFS have historical involvement, a report from CYFS is required.		
**			
*	This document can only be released by the Care and Protection Coordinator.		
**	This can be obtained if CYFS have custody/guardianship of the student.		
4	NOTE: If CYFS do not have custody/guardianship of the student, the custodian/custodial parent will need to sign permission for the above information to be released through the official information/privacy process.		

COURT ORDERS

<p>1. List all current custody and/or access orders</p>	
<p>2. List Protection Orders Include full details of any specific directions of the court relating to access and provide copies of all orders</p>	

Above provided by: _____

Date: _____

CONSENTS

THIS AND NEXT PAGE TO BE COMPLETED BY PARENT/GUARDIAN

PLEASE DELETE ONE OPTION BELOW (IE. CONSENT OR DO NOT CONSENT)

Re: Student _____

I/We understand that my/our child will be attending Salisbury School and while there will be under the care and control of the Principal and the Board of Trustees. She will spend her school holidays with _____ and for that period, I/we will be responsible for her welfare. I will maintain contact with her by either telephone, email or letter during the school term on a regular basis.

MEDICAL

I/We consent / do not consent to:

- (a) Any consultations and examinations by a registered medical practitioner or dentist and any treatment
- (b) Any medication, vaccinations, anaesthetics, blood transfusions, surgery or treatment thought necessary by a registered medical practitioner or dentist; *and*
- (c) Any psychological or psychiatric examinations, treatment or suggested programmes considered necessary in the best interests of my child.

NOTE: As far as is possible, all reasonable attempts are made to contact parents or guardians when pupils require treatment as a result of a serious accident or medical condition. Parents will be consulted prior to a referral for mental health services.

HEALTH PROGRAMME - Sex Education Component

With respect to the Sex Education element defined in the New Zealand Curriculum Statement Health and Physical Wellbeing:

I/We consent /do not consent to instruction being given based on the Health Curriculum in the classroom programme in conjunction with the Public Health Nurse or other professional while at the school.

BEHAVIOUR MANAGEMENT

I/We consent/do not consent to the use of Salisbury Behaviour Management Procedures, including the use of quiet rooms, operating at Salisbury School. NB: These procedures are available on request.

SWIMMING

I/We consent / do not consent to my/our child taking part in swimming activities under the control of Salisbury School staff.

Continued...

OVERNIGHT OUTINGS AND CAMPS

I/We consent to my/our child participating in education outside the classroom including overnight outings or camps, whether run by Salisbury School or other parties sanctioned by the Principal. I/We recognise that some outdoor education activities have an element of risk and are informed that staff will take all reasonable steps to ensure the safety of students in these circumstances at all times.

RELIGIOUS INSTRUCTION

I/We consent / do not consent to my/our child having religious instruction and attendance at services conducted by the _____ (denomination) while she is a student at Salisbury School.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

The following is to help us ensure the correct sizes of uniforms are held in stock ready for enrolment.

School uniform

The following is the clothing size now being worn by my child.

10, 12, 14, 16, 18, 20, 22, 24 Small, Medium, Large, XLarge, XXLarge, other:

Salisbury School
67 Salisbury Road
Richmond
Nelson 7020