

ASSIST TRANSITION REFERRAL FORM

Students moving from MOE Year 3 to ASSIST Year 4

STUDENT

NHI: _____

First name: _____

Last name: _____

D.O.B: _____ Gender: M F

Ethnicity: NZE Pasifika Maori
 Asian MELAA Other

Specify: _____

AUDIOLOGICAL

The latest audiogram and audiological report must be attached for this application to be processed: Attached

Name of audiologist: _____

Name of clinic: _____

Email: _____

Age of identification: _____

Hearing aids / CI:
 Left ear YES NO Right ear YES NO

Remote microphone (RM): YES NO

Te Whata information attached: YES

SCHOOL

NSN: _____

School: _____

School contact person: _____

Position: _____

Email: _____

Phone: _____

Facility number: _____

BACKGROUND INFORMATION & SUPPORT REQUIRED

MOE current active status: Open Closed

Support given (Please attach further comments or information as required): _____

PARENTS / LEGAL GUARDIAN/S

First name: _____

Last name: _____

Address (include postcode): _____

Home phone: _____

Mobile phone: _____

Email: _____

Relationship to student: _____

First name: _____

Last name: _____

Address (include postcode): _____

Home phone: _____

Mobile phone: _____

Email: _____

Relationship to student: _____

Parents and whanau and the school have been informed of the transfer of service support to Kelston Deaf Education Centre/van Asch Deaf Education Centre YES

AODC / Referring agent: _____

Signature: _____ Date: _____

Once completed, please forward to assist.kdec@deafeducation.nz or regservices.vanasch@deafeducation.nz