



Mabel Park State High School

Our Effort, Our Achievement, Our Future

Student Support Services Enrolment Information

The Department of Education, Training and Employment (DETE) provides a range of programs and resources to assist schools in meeting the educational needs of students with disability, one of which is the Education Adjustment Program (EAP).

Students who do not access additional resourcing through the EAP, but who have a disability as defined by the Disability Discrimination Act 1992, are supported through the full array of student support services allocated to regions and schools. This may include guidance support, speech-language pathology, behaviour support, learning support and other relevant support services.

Mabel Park SHS caters for our community of diverse learners via our Special Education Program (SEP), English as a Second Language Support, Learning Support and Student Support Services.

Our SEP caters for students with disabilities (SWD) as recognised by Education Queensland in the following categories:

- Intellectual Disability (ID)
- Autistic Spectrum Disorder (ASD)
- Speech Language Impairment (SLI)
- Visual Impairment (VI)
- Hearing Impairment (HI)
- Physical Impairment (PI)

At Mabel Park SHS we follow an inclusive education model supporting SWD to have access to curriculum on the same basis as their peers in a mainstream setting. SWD receive teacher aide and special education teacher support, adjustments and modifications that meet their individual needs.

If your son/daughter has any special education needs, please fill in the form overleaf. (If you are unsure, please complete the form and we will follow this up). Please do not hesitate to contact our Head Of Special Education Services (HOSES) here at Mabel Park SHS, Miss Sally Goodfellow on 3489 2333 or email sgood127@eq.edu.au for further details or information.

Please note some SWD may be eligible for support with transport – please contact out Head of Special Education Services for further information.

Yours Sincerely

Miss Sally Goodfellow
Head of Special Education Services



Paradise Road SLACKS CREEK QLD 4127
Postal Address:
PO Box 2780 LOGAN CITY DC 4114

Telephone: (07) 3489 2333
Fax: (07) 3489 2300
Email: info@mabelparkshs.eq.edu.au
Web Site: www.mabelparkshs.eq.edu.au



Mabel Park State High School

Our Effort, Our Achievement, Our Future

This form must be forwarded to HOSES & GO immediately upon student enrolment. Copy to remain in student files, original to HOSES.

PARENT CAREGIVER INFORMATION (Please complete the details below)

Student Name: _____ Preferred name: _____

Date of Birth: _____ Year level (enrolling into): _____

Previous School/s (please list the most recent one first):

Disability (as verified through EQ as meeting criteria, please tick):

- Intellectual Disability (ID) Autistic Spectrum Disorder (ASD) Speech Language Impairment (SLI)
 Physical Impairment (PI) Visual Impairment (VI) Hearing Impairment (HI)

Other: _____

Transport (please tick):

- Own transport Bus pass Assisted transport

Academic Working Levels (if known please circle):

Subject 1 English	SEP/Mainstream	age appropriate	Level 3/Level 5/Level 7/ Modified	Other:
Subject 2 Maths	SEP/Mainstream	age appropriate	Level 3/Level 5/Level 7/Modified	Other:
Subject 3 History	SEP/Mainstream	age appropriate	Level 3/Level 5/Level 7/Modified	Other:
Subject 4 Science	SEP/Mainstream	age appropriate	Level 3/Level 5/Level 7/Modified	Other:
Subject 5 _____	SEP/Mainstream	age appropriate	Level 3/Level 5/Level 7/Modified	Other:
Subject 6 _____	SEP/Mainstream	age appropriate	Level 3/Level 5/Level 7/Modified	Other:

English as a Second Language (ESL)

Language spoken at home _____

Student date of arrival in Australia _____

Learning Support Needs Literacy / Numeracy

Please answer the following:

Are there any additional supports your child needs regarding curriculum?	Are there any additional supports your child needs regarding social/emotional wellbeing?	Are there any additional supports your child needs regarding safety?	Does your child take any medications that may need to be administered during school hours? <i>(Please fill out medication form)</i>	Does your child have an IEP/ILP? (please provide a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	---

Parent/Caregiver Signature: _____

Date: _____ Phone Number: _____



Paradise Road SLACKS CREEK QLD 4127
 Postal Address:
 PO Box 2780 LOGAN CITY DC 4114

Telephone: (07) 3489 2333
 Fax: (07) 3489 2300
 Email: info@mabelparkshs.eq.edu.au
 Web Site: www.mabelparkshs.eq.edu.au



Mabel Park State High School

Our Effort, Our Achievement, Our Future



Paradise Road SLACKS CREEK QLD 4127
Postal Address:
PO Box 2780 LOGAN CITY DC 4114

Telephone:
Fax:
Email:
Web Site:

(07) 3489 2333
(07) 3489 2300
info@mabelparkshs.eq.edu.au
www.mabelparkshs.eq.edu.au