# Student SAC Historical Record

|  |  |
| --- | --- |
| ***First name:*** | ***Last Name:*** |
| ***Date of Birth***: | ***Last school:*** |

Tick any of the conditions that apply. For “Other”, write what it is.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sensory*** | ***Medical*** | ***Physical*** | ***Learning*** |
| Vision | Attention deficit | Arm / Hand | Reading |
| Hearing | Autism Spectrum | Back / Leg | Writing |
|  | Depression | Head injury | Slow processing |
| Anxiety | Dyspraxia | Diagnosed Specific Learning Disorder:  Dyslexia  Dysgraphia  Dyspraxia  Dyscalculia  Other: |
| Diabetes | Muscular / Neurological |
| Epilepsy | Cerebral palsy |
| Tourette syndrome | Pregnancy / Baby care |
| Other: | Other: |

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, Level C assessors, Reading Recovery, Private tutors, Teacher aide time, Speech/language therapy, RTLB, RTLit, BLENNZ resource teachers, Reader, Writer, Computer, extra time etc.

|  |  |
| --- | --- |
| ***Age*** | ***Event / Action / Comment*** *as appropriate* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | *Continue on the back of this page if necessary.* |

Provide recent reports from the list of people above to the school.  
Fill in details from these reports below.

|  |  |
| --- | --- |
| ***Report 1*** (write NA if not available) | ***Report 2*** (write NA if not available) |
| Written by: | Written by: |
| Qualifications: | Qualifications: |
| Date: | Date: |

If you have further documentation, you may wish to also provide this to the school.