# Student SAC Historical Record

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| --- | --- |
| ***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:DyslexiaDysgraphia DyspraxiaDyscalculiaOther: |
| 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.

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| --- | --- |
| ***Age*** | ***Event / Action / Comment*** *as appropriate* |
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|  | *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.