



## Learning Support

Name of Learner: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Parents to please fill in</b>		
Name of Parent/Guardian		Signature
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Name of any official diagnoses:		
Ed Psych Report		Name of Psychologist: Date of Report:
<b>Support</b>	<b>Yes/No</b>	<b>Comment if needed</b>
Reader for tests/instructions		
Writer for tests/instructions		
Text to speech		
Speech to Text		
Enlarged script		
Facilitation		
Audio version of textbooks		
Extra time		
Extra maths lessons		
Afrikaans concession		
Typing lessons		

ADHD/ADD medication		
Choice of Therapy:		
Therapy to happen during school hours		
Therapy to happen after school hours		

If your child experience **behavioural** barriers, please clearly explain below;