

SPECIALISED LEARNING PROGRAM – AUTISM (SLP-A) 2025 EXPRESSION OF INTEREST

CLOSING DATE - FRIDAY 10 MAY 2024

For Entry Into: ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12

The expression of interest can be submitted by email to: Fremantle.College@education.wa.edu.au. Alternatively, the expression of interest can be hand delivered or posted to: Fremantle College (Administration), 79 Lefroy Road, Beaconsfield, WA, 6162

Student's Surname	Student's First Name	Student's Preferred Name
Student's Date of Birth	Student's Current School	

Parent/Carer	Email	Telephone Number
Home Address		

PARENT/CARER AGREEMENT

I wish to submit an expression of interest for the SLP-A. I confirm that my child meets the following eligibility criteria for entry into this program:

- ☐ Student is eligible for enrolment in Western Australian public schools in Years 7-12;
- ☐ Student has a diagnosis of Autism without accompanying intellectual impairment;
- ☐ Student experiences significant social, emotional and/or behavioural issues and challenges directly related and attributed to the impact of ASD;
- ☐ Student independently self-manages personal care requirements; and
- ☐ Families can provide reliable transport to and from the college.

APPLICATION REQUIREMENTS

- ☐ Most recent medical diagnosis and documentation of Autism Spectrum Disorder (full diagnostic report required)
- ☐ Most recent diagnostic documentation for comorbid conditions (if present)
- ☐ Copy of most recent school report
- ☐ Copy of most recent NAPLAN results or copy of OLN results (for students in Year 10-12)
- ☐ Permission to release and exchange information (attached)

DECLARATION

If this application is successful and my child is offered a placement in the SLP-A;

☐ I acknowledge that ongoing participation in this program will depend upon:

- Participation in a formal process conducted annually to map your child's progress against success criteria and to review ongoing program suitability to meet their needs.
- Participation in a formal person-centred planning program to assess and plan for your child's senior school and post-school pathway.
- Your child exiting the program and transitioning into the mainstream college when they meet the success criteria.
- Engagement with and support of the goals and aims of the Specialised Learning Program.

I declare that all information provided on this form is true and accurate.

Name of person completing Expression of Interest	
Relationship to student	
Signature	
Date	

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct. ☐

Any additional information required to adequately support your child in the Specialised Learning Program – Autism should be submitted along with your Expression of Interest. Placements are determined at the discretion of a panel who will advise in writing at the earliest convenience of the Expression of Interest outcome.

Office Use Only

Application Received: ____/____/____

Most recent diagnosis and documentation of ASD (full report)	
Most recent diagnostic documentation for comorbid conditions (if present)	
School Report	
NAPLAN/OLNA	
Permission to Release and/or Exchange Information form	

PERMISSION TO RELEASE AND/OR EXCHANGE INFORMATION

I understand that information pertaining to my child will be exchanged and shared for the purpose of determining eligibility and suitability for enrolment and/or planning for my child's progress at school. Information obtained will be kept in strictest confidence.

This permission form will remain valid for the period of my child's enrolment. If you would like further information or have any concerns, please telephone the college on 9338 8900.

If you should choose to withdraw your consent, please advise the college in writing.



Jack Harper
Program Coordinator – Specialised Learning Program
Jack.harper@education.wa.edu.au



Brendon Bleakley
Associate Principal
Brendon.Bleakley@education.wa.edu.au

Student Name		Date of Birth	
Parent/Carer Name			
Home Address			
Parent/Carer Email			
Telephone			

I give my consent for Fremantle College, associated Education Office, or other relevant Agency to be contacted. I understand any information exchanged will only be used for the stated purposes.

Signed Parent/Carer	
Relationship to Student	
Date	