

MURIEL BRANDSKOOL / SCHOOL

P/Sak / P/Bag X30

Brakpan 1540

Tel (011) 817-9300 Fax (011) 817-3856

E-pos / E-mail: cathy.c@murielbrand.co.za



Dear parent/guardian

COVER LETTER TO REQUEST FOR SUPPORT

You have approached Muriel Brand School with the expectation of receiving support in dealing with educational problems your child may be experiencing. Due to the overwhelming demand for our services we have to follow a screening process to determine whether, how and to what extent we shall be able to provide support in every individual case. You will be contacted after the screening procedure and informed of the outcome of your request for support. The range of possibilities of our support includes:

- Admitting your child to this school if he/she qualifies and you agree to placement, after all necessary administrative procedures have been completed
- Further investigation or assessment by this school to determine whether your child qualifies for admission
- Placing your child on a waiting list if he/she qualifies, but there are no vacancies
- Referral for further investigations by professional persons or institutions not attached to the school
- Referral to a more suitable school or other institution

Children with the following disabilities and/or conditions (in order of priority) are considered to be suitable candidates for Muriel Brand School (note that the school only accepts new learners between the ages of 3 to 16 years):

- Cerebral palsy
- Physical disabilities, including spina bifida, muscular dystrophy
- Developmental dysphasia and dyspraxia
- Specific learner disability, including dyslexia and dyscalculia
- Traumatic injuries and some health problems

The following disabilities and/or conditions are referred to more suitable schools:

- Children with severe mental disabilities (even if associated with cerebral palsy)
- Children with mild and moderate mental disabilities (unless associated with cerebral palsy)
- Slow learners
- Behavioural and emotional disorders
- Sensory disabilities, including blindness and deafness

The form MBS-Ex that you have received must be completed fully and returned to the school with the required supporting documents. You will then be contacted as soon as possible and be informed of the outcome of your request for support.

Yours faithfully

**SUPPORT TEAM
MURIEL BRAND SCHOOL**

Date returned: _____ Reference No. _____

MBS-Ex

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REQUEST FOR ASSISTANCE FROM MURIEL BRAND SCHOOL'S SUPPORT TEAM (Please read cover letter as well)

This form must be completed by the parent/guardian or any other competent person with access to the required information, and submitted to the school. Copies of the following documents must be attached: *a. Referral letter b. Birth certificate c. Clinic card (only pre-school child) d. Professional reports (i.e. psychologist) e. School report AND the "Support Needs Assessment Tool"-form or GDE 450 (if child is at school). The referral will not be considered if this form is not completed in full and without the mentioned documents, as the department of Education requires them.*

Name and surname of child _____ Name and surname of parent/guardian _____

Home language _____ Indicate: *male* _____ *female* _____

Child: Date of birth _____ Age _____

Tel. No: Home _____ Work _____ Cell (1) _____ Cell (2) _____

Home Address (Street) _____ (Town) _____

Occupation (father) _____ (mother) _____

Email address: _____

Who referred you to Muriel Brand School? _____

Why do you want the school to attend to your child (what is the problem)? _____

What is the medical or educational diagnosis (if any)? _____

What has been done about the problem up to now? _____

PLEASE ATTACH DOCUMENTS

Birth history: Normal _____ Caesarean _____ Breech _____ Forceps (Instruments used) _____

At what age did he/she: Sit _____ Crawl _____ Walk _____

At what age did he/she: Speak words _____ Speak sentences _____ Out of nappies _____

Does your child understand English? _____; speak English? _____ How long has your child been exposed to English? _____

What illnesses and operations have your child had? _____

What medications is your child taking? _____

Who are your child's doctors or hospital? _____ Name of Medical Aid _____

School history (if applicable): Current school _____ Grade _____ (attach school report)

Previous schools: _____ Grade(s) repeated (if any) _____

QUESTION: Do you know or suspect that your child has any of the following problems: Cerebral palsy _____ ADHD _____

Learning disability (i.e. dyslexia) _____ Physical disabilities _____

OTHER: Epilepsy _____ Autism _____ Hearing problem _____ Vision problem _____ Behaviour problems _____ Other _____

PLEASE NOTE THAT THIS SCHOOL DOES NOT ACCOMMODATE MENTALLY SEVERELY CHALLENGED LEARNERS.

Form completed by _____ **Signed** _____ **Date** _____

Please note: You will receive a response as soon as possible upon submission of this form and supporting documentation. The school's support team assesses children/learners at its own discretion only when there is a realistic possibility of them being admitted to the school. The support team will attempt to refer parents to alternative support where it cannot offer services.