



Health Practitioners Report

North Metropolitan TAFE provides services, study and assessment adjustments for students with disability or health conditions to increase and enhance educational opportunities and participation. To ensure appropriate support is provided, relevant medical documentation or assessment reports are required to assist TAFE in determining the most appropriate support for students.

Student Authority for Provision of Information (Student to complete)

Student name: _____ Student number: _____

I hereby authorise the practitioner or health care provider to provide the information below and in any attachments, and I authorise North Metropolitan TAFE to seek further information from the practitioner or provider if necessary.

Student signature: _____ Date: _____

To be completed by the Practitioner / Health Care Provider

Practitioner / Provider name: _____

Address: _____

Student's disability or medical condition: _____

The disability or medical condition is: Permanent Temporary

Please indicate what areas the student's disability or medical condition impacts on the ability to learn:

Reading Writing Mobility Memory and Concentration In-class Participation

Exams or Assessments Attendance

Please outline the limitations and implications arising from the issue/s indicated above and how they might impact on the student's ability to learn:

PTO

Please advise of any learning support requirements, adjustments and strategies which may assist with the student's ability to learn:

Other comments or relevant information:

Practitioner / Provider signature: _____ Date: _____

Practitioner / Provider stamp: