



**HAMPTON**  
Senior High School

# Specialist Learning Program Autism

## Expression of Interest 2023



**ASPIRE | INNOVATE | ACHIEVE**

**Aspire**  
to be the best they can be.

**Innovate**  
to think strategically and explore new avenues to solutions.

**Achieve**  
to successfully engage and perform in every aspect of their journey through secondary education.

*At Hampton Senior High School our purpose as a community is to ensure that all students achieve personal success in their learning and become responsible and productive citizens.*

Hampton Senior High School's Program (SLP) for students with autism spectrum disorder (ASD) supports the individual needs of students and aims to provide a greater opportunity for engagement. The Year 7 – 12 program provides education and support for the social and emotional development of students with ASD who have the potential to achieve academic success in mainstream schooling and beyond. Students may apply from within or outside school boundaries.

Each student works towards achieving their goals in a caring and supportive environment which acknowledges their unique learning profile. The SLP is an evidence-based program reflective of current best practice research and is supported by the School of Special Education Needs.

Students undertake an individual program of mainstream and intervention lessons that focus on developing skills around self-regulation and social skills while working closely with their SLP teacher or education assistant.

The Specialist Learning Program will feature quality teacher and education assistant support, a homeroom for study and organisation support, a private supervised space at recess and lunchtime, a specialised personal and social capabilities program supported through community access. This provides students with extra learning opportunities after which they return to their mainstream class.

Student transition out of the program into mainstream schooling, once they have demonstrated they have achieved the exit criteria.

## Selection

Students eligible for this program have demonstrated their ability to achieve grade levels necessary for success and integration into mainstream secondary school. These students may be at risk of underachieving or disengaging without this program due to barriers with communication and/or social skills limiting their full access to the wider curriculum.



An applicant will need to meet the following criteria:

- Diagnosis of autism spectrum disorder (reports from Paediatrician, Psychologist and Speech Pathologist) without an intellectual disability diagnosis
- Academically capable of understanding and coping with grade level content and tasks
- Manages behaviour independently or through the use of predetermined prompts and strategies
- Independently manages personal care requirements

## Process and Timeline

Families who are expressing interest in the Specialist Learning Program for Autism at Hampton Senior High School will need to follow the timeline below and attach the appropriate documents:

- Expression of Interest opens – Feb 2023 to March 31, 2023
- SLP staff observation of student in current school-during Term 2, 2023

- Panel assessment finalised and families notified in writing. Please note this is not a guarantee of placement, as there are limited placements available
- Orientation days in SLP

# Hampton Senior High School

## Specialist Learning Program - Autism: Expression of Interest

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### Student details

Student First Name: .....

Student Surname: .....

Gender: ..... Date of Birth: .....

Family / Carer Name (relationship to child): .....

Address: .....

Phone: ..... Email Address: .....

Current School and Year Level: .....

Teacher's Name: .....

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### Requirements

Please include the following in your application:

- Photocopy of your child's three most recent full school reports
  - Most recent NAPLAN report
  - Diagnosis of Autism Spectrum Disorder (reports from relevant professionals)
  - Signed Permission to Release and Exchange Information Form (attached)
  - IEP or Documented Plan
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### Parent / Carer agreement

If you agree with each statement tick each box, then sign below

I submit this form with the understanding my child:

- Is academically capable of understanding and coping with grade level content and tasks (i.e. no intellectual disability)
- Can manage their behaviour independently or through the use of predetermined prompts and strategies
- Independently manages personal care requirements
- Family will provide safe transport to and from the Specialist Learning Program

Name: .....  I Agree Date: .....

Signature: .....

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Any additional information to support a student's application and success in the Specialist Learning Program – Autism should be submitted along with your application. Placements are determined at the discretion of a panel who will advise in writing at the earliest convenience the application outcome.

# Hampton Senior High School

## Permission to Release and Exchange Information



We would like to be able to contact your child's current school and any other agencies that have been assisting you and your child. We want to make sure that we make the transition to the Specialist Learning Program as smooth as possible for your child.

I ..... (Family/Carer name) give permission for HSHS and/or people listed below to request and exchange information pertaining to my child.

Name of child: ..... Date of Birth: .....

### HSHS Staff

Contact Person	Contact Details
Hampton SHS - SLP Program Coordinator	Donna McLaren@education.wa.edu.au
Hampton SHS - School Psychologists	Hannah.Cottrill@education.wa.edu.au Beatrice.Foong@education.wa.edu.au
Hampton SHS – Principal	Tracy.Griffiths@education.wa.edu.au

I have read the above and I understand why the information pertaining to my child will be exchanged and shared. Information obtained will be kept in strictest confidence. I will notify the SLP Coordinator at Hampton Senior High School should I wish for this agreement to cease.

I understand this form as well as the process and I agree to the exchange and sharing of information for the student listed above:

Name: .....  I Agree

Signature: .....

Relationship to child: ..... Date: .....

**This permission form will remain valid until the end of the calendar year**

Hampton Senior High School  
Morley Drive East, Morley WA 6062

Phone: 6235 7100

Email: [hampton.shs@education.wa.edu.au](mailto:hampton.shs@education.wa.edu.au)

Website: [www.hampton.wa.edu.au](http://www.hampton.wa.edu.au)