



Formerly SPELD Wanganui

Information Pack for Adult Learners



STARS Education Whanganui Inc.

Information Pack

Thank you for your interest in STARS Education Whanganui Inc.

For more than thirty years our professional teachers and assessors have been supporting people who learn differently, helping them find success in areas in which they are challenged.

We work with pre-schoolers through to adults, thoroughly assessing each individual's needs and strengths, and tailoring a programme that is unique to each student. Our STARS teachers are all qualified classroom teachers who have done further study in the field of Specific Learning Disabilities (SLDs) and participate in ongoing professional development. Our STARS teachers all hold the only NZQA recognised qualification in the field of Dyslexia and other SLDs in New Zealand.

Students receive one-on-one teaching, generally for one hour, once per week. Most teachers work during the school terms, although holiday lessons can sometimes be arranged if required. Teachers work in schools, from the STARS Education rooms at Braemar House, 2 Plymouth Street, or from their own homes or the homes of students. Tuition times can usually be arranged to best suit the needs of the student.

Whilst we receive no Government funding, we do our best to ensure that financial hardship doesn't prevent a student from receiving necessary help. The organisation applies for grants, and when funds are available we invite those in need to apply for subsidies for tuition and assessment costs. These usually cover 33-50%. Some students have also been successful in applying for funding through WorkBridge and WINZ.

STARS Education Whanganui is an incorporated society. Anyone receiving tuition, assessments, or working for this organisation must be a financial member. The organisation is run by a committee of volunteers. We are always keen to have more interested and motivated people involved, and welcome anyone who would like to join us.

In this pack you will find information and a number of forms that we would appreciate you filling out and returning to us in the envelope provided. They will help us to learn more about you from your own perspective and from those who work with and know you well. If you need help or have any further questions, please contact Esther Williams (President, STARS Education Whanganui Inc.) on (06)347-8456.

What Happens Now?



Fill out all the forms included in this pack
and return, along with a \$20 administration fee to
2 Plymouth Street, Whanganui



You will be contacted to organise
a time and venue for your assessment.



You will be assessed by Mrs Ronèlle Müller.
This involves a wide variety of activities,
and usually takes a full day.



Your assessment document will be sent
to you within three to four weeks.



You will make the decision whether or not
to proceed with STARS Education tuition.



If you DO decide to arrange STARS Education tuition
contact Alice Jonker on (06) 3482301 or 021 141 6169



A teacher will be found for you, and that teacher
will be given a copy of your assessment report.



The teacher will contact you to organise a
time and venue for lessons, and answer any
further questions you may have



STARS Education Whanganui Inc.

Information for Students

- **Assessment**

All students are assessed using the Woodcock Johnson III Tests of cognitive abilities and achievement. The initial test costs \$500 for a four-hour assessment; the retests are \$320. This is to be paid to the Assessor, *Mrs Ronèlle Müller*, at the time of the test. Students will receive a verbal summary, and an in-depth written report in duplicate: one each for the student and teacher. Reports should be received within 21-28 days of the assessment. If the report is delayed for any reason the assessor is to contact the parent/caregiver directly

It is recommended that a retest is undertaken approximately twelve months after tuition commences, ie 30 to 40 tutorials when the teacher, in consultation with the student, feels the student is ready.

- **Fees for Tuition**

\$30- \$50 per hour. Payable directly to *the teacher*, weekly or by arrangement between teacher and yourself / your funding provider. An invoice and receipt will be supplied on request.

Overdue accounts will accrue finance charges at the rate of 10% of outstanding balance per month. Any debt recovery costs incurred as the result of non-payment of fees are the responsibility of the student.

- **Administration Fee**

\$5 per lesson. This is to be paid directly to the teacher who will then pass it on to STARS Education Whanganui Inc. This goes towards resources, room hire, equipment and running expenses. (In the event of students receiving more than one lesson per week, this fee will only be charged once)

- **Tuition Terms**

These are similar to school terms. By arrangement, tuition may take place in school holidays.

- **Alteration to Lesson Time**

Except in emergencies the student shall notify the teacher, and the teacher shall notify the student *at least* twenty-four hours in advance if either is unable to keep the arranged time.

- **Failure to be Available for Tuition**

Should a student fail to attend without advising the teacher in advance, the student will be charged for the times as if she/he had attended. Should the teacher fail to notify the student, the teacher will provide another lesson at a time convenient to the student. If attendance is spasmodic, the teacher has the right to terminate tuition.

- **Homework**

This may be set to be completed before the next STARS Education lesson.

- **Subsidies**

Available upon successful application for tests and tuition for STARS Education students. Application on the prescribed form is to be made to the committee each term. Hardship subsidies can be granted only if sufficient funds are available for the purpose.

- **Unacceptable Behaviour**

If a student refuses repeatedly to co-operate with the teacher and the programme, the teacher has the

right to terminate the lessons.



STARS Education Whanganui Inc.

Adult Assessment, Confidential Case History

This case history form provides the STARS Education Assessor with detailed and comprehensive information to help her better understand your needs. Any supporting information you can enclose (eg. Vision/Hearing tests, school reports, Psychological assessments etc.) will assist us in gaining a more complete picture. Please send only copies of documents, NOT originals.

Personal Details

Name: _____ Date of Birth: _____

Age: _____ MALE FEMALE

Home Address: _____

Phone (home): _____ Mobile: _____

Phone (work): _____ Email: _____

Referred by: _____ Designation: _____

Reason for Referral: _____

Occupation/Student: _____ Employer: _____

Education Provider (if applicable): _____

Do you live with (please circle) SPOUSE/PARTNER PARENTS ALONE Other: _____

Do you have children? YES NO

Patterns of Development

Do you need/want to read for: WORK PLEASURE (Books/magazines) INFORMATION (Newspapers/Internet)

Started school at _____ years. Attended school for _____ years in total.

Was attendance regular? YES NO At what age did you leave school? _____

Which subjects did you enjoy at school? _____

Which subjects did you have difficulty with at school? _____

What was your highest school qualification? _____

List qualifications gained since leaving school: _____

Did you receive support for learning difficulties either in school or privately? (eg. STARS Education, SPELD, Kip McGrath, Reading Recovery)

YES NO If so, please give details: _____

Was your learning difficulty ever identified by: PARENT(S) TEACHER/SCHOOL EMPLOYER

OTHER PROFESSIONAL Other: _____

Have you had any other previous assessments? (eg. STARS Education, Speech/Language Therapist, Paediatrician, Educational Psychologist etc.) YES NO By whom? _____ Date: _____

Result: _____

_____ (please enclose copy of report/s)

Estimate your general intelligence: ABOVE AVERAGE AVERAGE BELOW AVERAGE

Rate yourself on a scale of 1-5; 1 being poor and 5 being excellent, when compared to others:

MATHS: Attitude _____ Basic Facts _____ Word Problems _____

READING: Attitude _____ Sounding out _____ Understanding _____

ORAL LANGUAGE: Understanding/Following instructions _____ Speech clarity _____

Expressing yourself _____

WRITING: Attitude _____ Expressing yourself _____ Spelling _____

Punctuation _____ Handwriting _____

PHYSICAL SKILLS: Attitude _____ Balance _____ Hand/Eye co-ordination _____

LEFT HANDED RIGHT HANDED

SOCIAL SKILLS: Making and keeping friends _____ Relating to others you know _____

Relating to strangers _____ Coping in new situations _____

Do you participate in any sporting/physical activities?(Including sports, dance, martial arts, tramping etc.) YES NO

If so, please give details: _____

Other hobbies, crafts and group or individual activities you enjoy: _____

Do/did you have trouble learning: SPELLING BASIC FACTS (times tables)

SEQUENCES (alphabet, days of the weeks, months of the year)

Do you have difficulty with any of the following? FOLLOWING A LIST OF INSTRUCTIONS

ORGANISATION MEMORY MAINTAINING FOCUSED ATTENTION (short attention span)

Medical History

Have you had any serious health issues, illnesses, operations or accidents? YES NO

(if so please give details) _____

Present general health: _____

Are you currently under doctor or specialist care and/or taking any medication? YES NO

If so, please give details: _____

Has hearing been tested? YES NO By whom? _____ Date: _____

Result: _____ (please enclose copy of report)

Have you ever had recurring ear infections, glue ear, grommets or other hearing problems? YES NO

If so, please give details: _____

Has eye-sight been tested? YES NO By whom? _____ Date: _____

Result: _____ (please enclose copy of report)

General:

Please circle/highlight any of the following characteristics that you or others feel may apply to you:

LACK CONCENTRATION	APPEAR NOT TO HEAR INSTRUCTIONS	DREAMY
EASILY DISTRACTED	HAVE DIFFICULTY FOLLOWING DIRECTIONS	OVER-ACTIVE
LACK ORGANISATION	CLUMSY / LACK CO-ORDINATION	RESTLESS
SLEEP BADLY	HAVE WEAK BALL HANDLING SKILLS	ANXIOUS
ATTENTION SEEKING	RELATE POORLY TO OTHERS	AGGRESSIVE
MOODY	BELIEVE MYSELF TO BE A FAILURE	WITHDRAWN
HAVE NIGHTMARES	ACT THE DARE-DEVIL	DEPRESSED

What do you see as your positive aspects or strengths? _____

What are your views as to the possible cause(s) of your learning difficulties? _____

Have any other members on either side of your extended family (eg. Grandparents, uncles, cousins...) ever experienced significant language, reading, spelling, writing or maths difficulties? YES NO

If so, please give details: _____

How did you hear about STARS Education? _____

I agree to this information being used by STARS Education Whanganui for my teaching and learning needs; no identifying information will be released to others without my permission.

Signed: _____

Date: _____



STARS Education Whanganui Inc.

Eyesight Screening Questionnaire

Name: _____

WHEN READING DO YOU:	Often	Some-times	Never	Not Sure	Comments
Tilt your head a lot?					
Lose your place often?					
Keep your place with your finger?					
Sometimes see double?					
Repeat letters in words?					
Skip letters, numbers or words?					
Misalign numbers in columns?					
Skip or repeat lines?					
Squint, close or cover one eye?					
<i>(Teaming/Tracking)</i>					
Have work less than 30cm from your nose?					
Confuse similar words?					
Start off well, then slow down?					
See words going blurry?					
Make mistakes when copying?					
Blink a lot?					
Rub your eyes often?					
<i>(Focussing)</i>					
DO YOU FIND:					
You try to avoid reading?					
You can't remember what you have read?					
DO YOU:					
Confuse words with the same beginning?					
Not recognise the same word next time?					
Confuse like words and small differences?					
Confuse the same word twice in a sentence?					
Reverse letters and words when writing?					
Move lips while reading or writing?					
Confuse similar word endings?					
Have very uneven handwriting?					
<i>(Visual Perceptual)</i>					
Get headaches often?					
Feel dizzy or sick after reading?					
Sit too close to the TV?					
DO YOU:					
Have trouble hitting or catching a ball?					
Get clumsy and trip or bump into things?					
Squirm or have an awkward reading posture?					
Get car-sick?					

P.T.O.					
	Often	Some-times	Never	Not Sure	Comments
Do computer screens bother you?					
Do your eyes ache, sting, itch or burn?					
Do your eyes get red or watery?					
<i>(Strain)</i>					
Does the print move, wave or shake?					
Do the words run or squash up together?					
Do bright lights hurt your eyes?					
Do you see shadows or haloes around print?					
Does print on glossy white paper bother you?					
Is coloured paper easier to read from?					
Do you find some colours harder to read?					
Do you prefer to read in a dim light?					
<i>(Sensitivity to light)</i>					

Does anything else make reading difficult for you? _____

How long can you read for without a break? _____

How long can you write for without a break? _____

How long can you work on a computer for without a break? _____

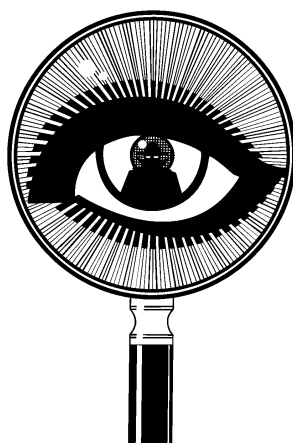
Have you ever had a full ophthalmic or optometric examination? YES NO

If so, when? _____ Where? _____ Who by? _____

What was the result? _____

Is there anything else you want to say about your eyesight or reading? _____

THANK YOU!





STARS Education Wanganui Inc.

Are you a Visual-Spatial Learner?

Name: _____

Please complete this questionnaire to enable us to learn more about your learning style.

		YES		NO
1.	Do you think mainly in pictures instead of words?			
2.	Are you good at solving puzzles or mazes?			
3.	Do you like to build and create with wood, fabric, etc.?			
4.	Are you good at fixing things?			
5.	Do you often lose track of time?			
6.	Do you know things without being able to explain how or why?			
7.	Do you remember how to get to places visited only once?			
8.	Do you remember what is seen and forget what is heard?			
9.	Are you able to recall things you have seen in the past in vivid detail?			
10.	Do you solve problems in unusual ways?			
11.	Do you have a vivid imagination?			
12.	Are you talented in music, dance, art or drama?			
13.	Can you visualise objects from different perspectives?			
14.	Are you organisationally challenged?			
15.	Do you love playing on the computer?			
16.	Are you terrible at spelling?			
17.	Do you like taking things apart to see how they work?			
18.	Do you have at least one parent who also displays many of these characteristics?			

If you have answered 'yes' to at least 10 of the above questions, you are most likely a visual-spatial learner.

Questionnaire reproduced with thanks to Alexandra Shires Golon, from Raising Topsy-Turvy Kids: Successfully Parenting Your Visual-Spatial Child Denver (2004), DeLeon Publishing.



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Statistical Information Collection Form

The following information is for STARS Education statistics, and will be treated in the strictest confidence

Please mark the appropriate boxes with a tick.

1. APPLICANT:

☐ Parent/Guardian ☐ Adult Student ☐ Other (please specify) _____

2. GENDER AND AGE OF STUDENT:

☐ Male ☐ Female Date of Birth ____/____/____

3. ETHNIC ORIGIN OF STUDENT:

☐ European/Pakeha ☐ Maori ☐ Pacific Island
☐ Mixed origin ☐ Other ☐ Not Known

4. FAMILY INCOME:

☐ Under \$20,000 ☐ \$20,000 - \$24,999 ☐ \$25,000 – \$29,999
☐ \$30,000 - \$39,999 ☐ \$40,000 and over ☐ Not Known / Prefer not to disclose

5. WHO REFERRED YOU TO STARS Education?

☐ Education Provider ☐ Health Professional ☐ Self
Other (please specify) _____

6. DIFFICULTIES YOU HAVE:

☐ Speech ☐ Reading ☐ Writing ☐ Spelling ☐ Maths
☐ Overactivity ☐ Clumsiness ☐ Slow processing ☐ Other _____

7. AT WHAT AGE DID YOU FIRST HAVE DIFFICULTIES?

_____ years

8. WHAT PREVIOUS HELP HAVE YOU RECEIVED?

Thank you for taking the time to provide us with this important information.



STARS Education Whanganui Inc.

Assessment Application Checklist

Please make sure you have included all the following items before returning your application in the enclosed envelope:

- ☐ Adult Assessment, Confidential Case History (3 pages)
- ☐ Copies of supporting documents (eg. School reports)
- ☐ Copies of Vision / Hearing / Psychological / Educational assessments (if applicable)
- ☐ Eyesight Screening Questionnaire (2 pages)
- ☐ Are You a Visual-Spatial Learner? (1 page)
- ☐ Statistics Form (1 page)
- ☐ Cheque for \$20, made out to *STARS Education Whanganui Inc.*

If you have any further questions, please phone Esther Williams (President, STARS Education Whanganui Inc.) on (06)347-8456

Thank you for taking the time to provide us with this information. We will be in touch with you shortly to organise your assessment.