



*Information Pack
for
School-Aged Students*



STARS Education Whanganui Inc. Information Pack

Thank you for your interest in STARS Education Whanganui Inc.

For more than thirty years our professional STARS Education 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 Education 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. The STARS Education teachers all hold the only NZQA recognised qualification in the field of Dyslexia and other SLDs in New Zealand.

Students receive one-on-one STARS Education teaching, generally for one hour, once per week. Most STARS Education teachers work during the school terms, although holiday lessons can sometimes be arranged if required. STARS Education teachers work in schools, from the STARS Education rooms at Community House, or from their own homes or the homes of students. Tuition can usually be arranged either within or outside school hours, depending on 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 families in need to apply for subsidies for tuition and assessment costs. These usually cover 33-50%. Some parents have also had success in applying for funding through WINZ, and senior secondary students are sometimes able to access funds through Workbridge.

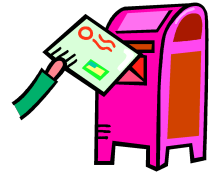
STARS Education Whanganui is an incorporated society. Anyone receiving tuition, assessments, or working for this organisation must be a financial member. The organisation is run by a committee of volunteers. We are always keen to have more interested and motivated people involved, and welcome anyone 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 the student from his/her own perspective and from those who work with, and know him/her 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 with the \$20 Administration fee to
2 Plymouth Street, Whanganui



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



Your child 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 weeks. A second copy
will be available for the child's school.



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 & Parents

- **Assessments**

- The initial test costs \$500 for a four to five hour assessment; the retests cost \$320. This is to be paid to the Assessor, *Mrs Ronèlle Müller*, at the time of the test.
- This includes a verbal summary, and an in-depth written report in triplicate: one for the caregiver, one for the school and one for the STARS Education teacher. Reports should be received within 21-28 days of the assessment.
- It is recommended that a retest is undertaken approximately twelve months after tuition commences, ie after 30 to 40 STARS Education lessons when the STARS Education teacher, in consultation with caregiver/s feels the student is ready.

- **Fees for Tuition**

- \$30-\$50 per hour. Payable directly to *the STARS Education teacher*, weekly or by arrangement between STARS Education teacher and caregiver. 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 responsibilities of the caregiver/parent.

- **Administration Fee**

- \$5 per lesson. This is to be paid directly to the STARS Education 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 STARS teacher, and the STARS 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 STARS teacher in advance, the student will be charged for the times as if she/he had attended. If attendance is spasmodic, the STARS teacher has the right to terminate tuition.

- **Homework**

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

- **Hardship Subsidies**

- Available upon successful application for assessments and tuition for STARS Education students. Application on the prescribed form is to be made to the committee for 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 STARS teacher and the programme, the STARS teacher, in consultation with the caregiver, has the right to terminate the lessons.



STARS Education Whanganui Inc.

Student Assessment, Confidential Case History

This case history form provides the STARS Education Assessor with detailed and comprehensive information to help her better understand your child and his/her needs. Any supporting information you can enclose (eg. vision/hearing tests, school reports, 6-Year-Net summary, PAT scores, IEPs, Psychological assessments etc.) will assist us in gaining a more complete picture. If appropriate for the age of the child, please enclose a recent sample of the child's written work. This should be unassisted as we are interested in their ideas, setting out, spelling, handwriting etc.

Please only include copies, not original reports or work.

Personal Details

Name of student: _____ Date of Birth: _____

Age: _____ MALE FEMALE

Referred by: _____ Designation: _____

Reason for Referral: _____

Present School: _____ Class: _____

Mother's name: _____

Father's name: _____

Guardian's name (where applicable): _____

Child lives with: PARENTS MOTHER FATHER GUARDIAN Other _____

Home Address: _____

Phone (home): _____ Mobile: _____

Phone (work): _____ Email: _____

Other children in family (names and ages): _____

Patterns of Development and Medical History

Pregnancy and birth history (Please describe any complications): _____

Did (s)he crawl on all fours? _____ Walked unaided at what age? _____

At what age did (s)he speak? (simple 2-3 word phrases) _____

His/her speech is similar to that of other children who are: YOUNGER SIMILAR IN AGE OLDER

Has the child had any serious illnesses, operations or accidents? (if so please give details) _____

Present general health: _____

Is the child 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)

Has the child 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)

Your estimate of the child's general intelligence: ABOVE AVERAGE AVERAGE BELOW AVERAGE

Have there been 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)

Patterns at School and Socially

Pre-school(s) attended: DAYCARE PLAYCENTRE KINDERGARTEN KOHANGA-REO Other _____

Age at starting school: _____ Number of schools attended: _____

Has attendance been Regular? YES NO If not, please give details: _____

The child's progress at school (when reading is *not* considered) is:

POOR SATISFACTORY GOOD VERY GOOD

His/her reading achievement is similar to that of other children who are:

YOUNGER AROUND THE SAME AGE OLDER

Subject strengths: ORAL LANGUAGE MATHS ART MUSIC TECHNOLOGY SPORT

Other: _____

Subjects causing concern at school: ORAL LANGUAGE READING SPELLING HANDWRITING

MATHS CO-ORDINATION Other: _____

Indicate any assistance the child has previously received: SPELD/STARS TUITION RTLb RTLit
READING RECOVERY REMEDIAL GROUP TARP SPEECH THERAPY TEACHER-AIDE
KIP MCGRATH Other: _____

Please give details: _____

Games, sports, hobbies, crafts and group activities (s)he enjoys: _____

Please circle or highlight any of the following characteristics that **typically** apply to your child:

LACKS CONCENTRATION	APPEARS NOT TO HEAR INSTRUCTIONS	DREAMY
EASILY DISTRACTED	HAS DIFFICULTY FOLLOWING DIRECTIONS	OVER-ACTIVE
LACKS ORGANISATION	CLUMSY / LACKS CO-ORDINATION	RESTLESS
SLEEPS BADLY	HAS WEAK BALL HANDLING SKILLS	ANXIOUS
ATTENTION SEEKING	PLAYS POORLY WITH OTHERS	AGGRESSIVE
DISLIKES SCHOOL	DIFFICULT TO MANAGE AT HOME	WITHDRAWN
ACTS THE DARE-DEVIL	HAS BEHAVIOUR PROBLEMS AT SCHOOL	SAD
HAS NIGHTMARES	BELIEVES HIM/HERSELF TO BE A FAILURE	FEARFUL

What do you see as his/her positive aspects or strengths? _____

Any further information, or other aspects affecting the child's progress: _____

What are your views as to the possible cause(s) of his/her lack of progress? _____

Have any other members on either side of the extended family (eg. Grandparents, uncles, cousins...) ever experienced significant language, reading, spelling, handwriting 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 Inc. for the child's teaching and learning needs; no identifying information will be released to others without my permission.

Signed: _____ Name: _____ Date: _____



STARS Education Whanganui Inc.

Confidential School Questionnaire

Parent/Caregiver: Please sign this form overleaf THEN ask your child's classroom teacher to complete it.

Student's name: _____ Year: _____

Teacher's name: _____ Date: _____

School: _____ Phone: _____

STARS Education caters for students with dyslexia/specific learning disabilities. Our students often have extreme difficulty with activities such as reading, writing, spelling, organisation and mathematics. STARS provides an in-depth analysis of their learning, their strengths and weaknesses and recommendations for an individual learning programme. We welcome ongoing liaison with the school, provided the parent/caregiver gives written permission. We would appreciate your comments on the following:

Current education support: eg. Teacher Aide, Reading recovery, RTLB, RTLit			
Strengths that you have observed in the student:			
Weaknesses that you have observed in the student:			
BEHAVIOUR	Rarely	Sometime s	Frequentl y
<i>Attention and Impulse Control:</i> Does the student appear inattentive or impulsive?			
<i>Emotions and Behaviour:</i> Does the student appear unhappy or defiant more times than not during the day?			
<i>Self Esteem:</i> Does the student appear to have a low opinion of him/herself or of his/her academic abilities?			
<i>Learning Environment:</i> Does the student have difficulty following school rules?			
PROCESSING	Rarely	Sometime s	Frequentl y
<i>Visual Processing:</i> Does the student have difficulty reading or spelling irregular words?			
<i>Auditory Processing:</i> Does the student have difficulty using letter sounds when reading or spelling?			
<i>Motor Processing:</i> Does the student have difficulty forming letters or writing legibly?			
CONCEPTS	Rarely	Sometime s	Frequentl y
<i>Thinking with Language:</i> Does the student have trouble using or understanding language?			
<i>Thinking with Images:</i> Does the student have trouble working with designs, recognising			

patterns or performing spatial tasks?			
<i>Thinking with Strategies:</i> Does the student have problems forming or following a plan?			
Reading Summary:			
Writing Summary (including Written Expression, Spelling and Handwriting):			
Maths Summary:			
Other Observations/ Concerns:			

Teacher's signature: _____

*Thank you very much for your assistance. **Please return this form to the child's parent/caregiver promptly.***

If you would prefer, you may post this form directly to:
STARS Education Whanganui Inc
2 Plymoth Street
WHANGANUI

PLEASE LET THE PARENT CONCERNED KNOW THAT YOU HAVE POSTED THIS FORM AND THAT THEY WILL NOT NEED TO WAIT FOR IT TO BE RETURNED TO THEM.



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?					

	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 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? _____

Are there any type-fonts or colours that you find hard to read? YES NO

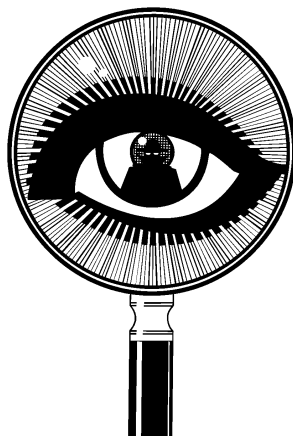
Please give details _____

Have you ever tried reading through coloured lenses or overlays? YES NO

Was it helpful? YES NO Please give details; _____

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

THANK YOU!





STARS Education Whanganui Inc.

Is Your Child a Visual-Spatial Learner?

Name: _____

Please complete this questionnaire to enable us to learn more about your child's learning style. (Please discuss this with your child as you work through the questions)

		YES		NO
1.	Does your child think mainly in pictures rather than words?			
2.	Is your child good at solving puzzles or mazes?			
3.	Does your child like to build with LEGO, K'Nex, blocks, etc.?			
4.	Does your child often lose track of time?			
5.	Does your child know things without being able to explain how or why?			
6.	Does your child remember how to get to places visited only once?			
7.	Does your child remember what is seen and forget what is heard?			
8.	Is your child able to recall things they have seen in the past in vivid detail?			
9.	Does your child solve problems in unusual ways?			
10.	Does your child have a vivid imagination?			
11.	Is your child talented in music, dance, art, drama or other creative pursuits?			
12.	Can your child visualise objects from different perspectives?			
13.	Is your child organisationally challenged?			
14.	Does your child love playing on the computer?			
15.	Is your child terrible at spelling?			
16.	Is your child's handwriting hard to read – scratchy, uneven, inconsistent?			
17.	Does your child like taking things apart to see how they work?			
18.	Does your child have at least one parent who also displays many of these characteristics?			

If you have answered 'yes' to at least 9 of the above questions,
your child is 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.



STARS Education Whanganui Inc.

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 Age: _____

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

5. WHO REFERRED YOU TO STARS Education?

☐ School ☐ Health Professional ☐ Self
Other (please specify) _____

6. DIFFICULTIES STUDENT HAS:

☐ Speech ☐ Reading ☐ Writing ☐ Spelling
☐ Maths ☐ Overactivity ☐ Clumsiness ☐ Other

7. AT WHAT AGE WAS THE STUDENT FIRST HAVING DIFFICULTIES?

_____ years

8. WHAT PREVIOUS HELP HAS THE STUDENT 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:

- ☐ Student Assessment, Confidential Case History (3 pages)
- ☐ A sample of the student's independent writing
- ☐ Copies of supporting documents (eg. School reports, IEPs, 6 Year Net summary)
- ☐ Copies of Vision / Hearing / Psychological assessments (if applicable)
- ☐ Confidential School Questionnaire (2 pages)
- ☐ Eyesight Screening Questionnaire (2 pages)
- ☐ Is Your Child a Visual-Spatial Learner? (1 page)
- ☐ Statistics Form (1 page)
- ☐ A cheque for \$20, made payable to *STARS Education Whanganui Inc.*

If you have any further questions, please phone Esther Williams (President, STARS Education Whanganui) 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 child's assessment.