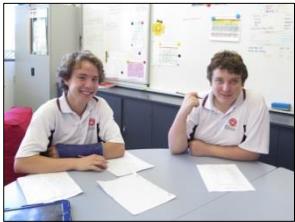


## TEACHING AND LEARNING SUPPORT at South Fremantle Senior High School AUTISM EXTENSION PROGRAM (AEP)

South Fremantle Senior High School is one of only four selected State Secondary Schools to provide the specialised Autism Extension Program to support students with Autistic Spectrum Disorder in years 7, 8, 9 and 10 to achieve their academic goals. The evidence-based program reflects academic research and is supported by Special Education Needs – Autism Education Services.

Students eligible for this program have the academic potential to participate and achieve success in mainstream schooling and beyond although are at risk of underachieving or disengaging due to barriers with communication and / or social skill competency preventing a full access to the curriculum.

The Autism Extension Program focuses on the achievement of positive academic, behavioural, social and emotional outcomes for each student to maximise independence and access to further education and successful employment. Each student's individual program is based on their unique goals, strengths and needs and encourages the exploration and development of each student's talents and interests to complement their secondary schooling experience. The curriculum is tailored to meet the learning needs of each individual and is responsive to the students', family and community needs.



The key feature of the program is the AEP homeroom which is an accessible, comfortable, supportive and safe place for both structured learning and unstructured time. The homerooms are equipped with a TV, DVD player, iPads, Wii, computers and games. AEP students are also provided with laptops and internet access and students are encouraged to invite friends to the homeroom during breaks to socialise.

The program is supported by a specialist teacher and two experienced Education Assistants who work collaboratively throughout the school and community to promote learning for each student which is delivered across three settings;

- Learning within the general secondary school setting
- Learning within the AEP homeroom
- Learning within the community

### Student Selection and Application:

Entry to the AEP is determined by an Independent Panel who convenes in Term 3 of each year.

The program is designed and resourced to provide for students who meet the following criteria;

- Student has a diagnosis of Autistic Spectrum Disorder / Asperger's syndrome
- Student is academically capable of understanding and coping with grade level content and tasks
- Behaviour is managed independently or through the use of prompts / strategies
- Student independently manages personal care requirements
- Families can provide reliable transport to and from the AEP



Entry places to the Autism Extension Program each year are limited and Expressions of Interest for students entering year 7 are requested by the 30<sup>th</sup> June.

For more information please contact Elizabeth Love Coordinator AEP on 9337 0500 or Email: [Elizabeth.love@education.wa.edu.au](mailto:Elizabeth.love@education.wa.edu.au)

**TEACHING AND LEARNING SUPPORT at South Fremantle Senior High School**  
**AUTISM EXTENSION PROGRAM (AEP) EXPRESSION OF INTEREST**

Student Surname: \_\_\_\_\_ Student Given Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Gender:  Male  Female Birth Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applying for entry in: year 7  year 8  year 9  year 10  Email: \_\_\_\_\_

Current School \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about the AEP at South Fremantle Senior High School:  Advertisement  Primary School  Special Education Needs.  Website  Other

*Please indicate (tick) which evidence is included in your portfolio for application to the Autism Extension Program and return this sheet with the supporting material attached.*

Recent school report

Diagnosis of Autistic Spectrum Disorder / Asperger's syndrome

Recent NAPLAN report

Signed Permission to release and exchange information form (attached)

**Parent agreement: I submit this form with the understanding my child;**

- Is academically capable of understanding and coping with grade level content and tasks
- Manages behaviour independently or through the use of pre-determined prompts / strategies
- Takes part in all Community Based Learning activities: parents provide for student financial needs (i.e. bus fare, entry and lunch money)
- Independently manages personal care requirements
- Will be provided with safe transport to and from the AEP

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Additional information:

*Any additional information supporting a student's application and success in the Autism Extension Program should be submitted along with your enrolment application. The school does accept applications for the AEP beyond the South Fremantle Senior High School boundary intake area and placements are determined at the discretion of an Independent Panel who will advise in writing at the earliest convenience the application outcome. Unsuccessful applicants have the opportunity to appeal and will be provided information regarding how to appeal on request.*

**Please return this form to *Elizabeth Love*. Email: [Elizabeth.love@education.wa.edu.au](mailto:Elizabeth.love@education.wa.edu.au)**  
**South Fremantle Senior High School, Lefroy Street Beaconsfield 6163 Phone No: (08) p337 0500 Fax: (08) 337 3998**



Department of  
Education

**South Fremantle Senior High School**  
Lefroy Road, Beaconsfield W.A. 6163  
Phone: (08) 9337 0500 Facsimile (08) 9337 3998



## PERMISSION TO RELEASE AND/OR EXCHANGE INFORMATION

I, .....

Give permission for the agencies / people listed below to release and / or exchange information pertaining to the student(s) listed below;

First Name	Surname:	DOB:

**AGENCIES OR SCHOOL:**

Name of Agency or School:	Contact Person <small>(if known)</small>
South Fremantle Senior High School – Coordinator AEP	Elizabeth Love

**This Permission Form will remain valid for a period of 12 months (or) until: \_\_\_\_\_**

*If I am not happy with the manner in which any of the information shared is managed, I will contact the AEP Coordinator South Fremantle Senior High School on 9337 0500*

***I HAVE READ THE ABOVE / HAD THIS CONSENT FORM EXPLAINED TO ME AND UNDERSTAND HOW AND WHY THE INFORMATION PERTAINING TO MY CHILD WILL BE EXCHANGED AND SHARED. INFORMATION OBTAINED WILL BE KEPT IN STRICTEST CONFIDENCE. I WILL NOTIFY Elizabeth Love at SOUTH FREMANTLE SENIOR HIGH SCHOOL SHOULD I WISH FOR THIS AGREEMENT TO CEASE.***

***I UNDERSTAND THIS FORM, THE PROCESS AND AGREE TO THE EXCHANGE AND SHARING OF INFORMATION FOR THE STUDENT(S) LISTED ABOVE:***

Name:			
Signature:			
Relationship to Child/ren:		Date:	

