

Resource Request Form

School:		Teacher:	
Class:		Telephone:	
Mobile:		Email:	
Signature:		Date:	/ /

Please supply the following:

<input type="checkbox"/>	Information, books & programs (ideas & strategies to use in classroom with students)
<input type="checkbox"/>	Equipment, educational resources & games

Skill level:

<input type="checkbox"/>	0 – 2 yrs	<input type="checkbox"/>	3 – 4 yrs	<input type="checkbox"/>	5 – 6 yrs	<input type="checkbox"/>	7 – 10 yrs	<input type="checkbox"/>	10 – 12 yrs	<input type="checkbox"/>	12 + yrs
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Skill set:

<input type="checkbox"/>	Gross Motor – e.g. balance, coordination, ball skills	<input type="checkbox"/>	Fine Motor – e.g. strength, pre-writing, handwriting, scissor skills
<input type="checkbox"/>	Play Skills – e.g. creative play, puppets	<input type="checkbox"/>	Problem Solving
<input type="checkbox"/>	Reading Skills	<input type="checkbox"/>	Number / Math Skills
<input type="checkbox"/>	Literacy Skills - e.g. alphabet, games, word building	<input type="checkbox"/>	Attention / Concentration – e.g. sensory tools, seating options
<input type="checkbox"/>	Social Skills – e.g. turn taking, winning and losing, Social Thinking, conversations, friendships	<input type="checkbox"/>	Self-Care Skills – e.g. tying shoelaces, visiting the hairdresser
<input type="checkbox"/>	Cognitive Skills – e.g. memory, sequencing	<input type="checkbox"/>	Communication – e.g. language, grammar, phonics, Key Word Sign, picture & symbol communication boards, electronic devices
<input type="checkbox"/>	Educational Areas – e.g. science, Japanese, music		

Disability category:

<input type="checkbox"/>	Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>	Hearing Impairment (HI)	<input type="checkbox"/>	Intellectual Disability (ID)
<input type="checkbox"/>	Speech-Language Impairment (SLI)	<input type="checkbox"/>	Vision Impairment (VI)	<input type="checkbox"/>	Physical Impairment (PI)
<input type="checkbox"/>	Social Emotional Disorder (SED)	Additional information:			

Resource collection

<input type="checkbox"/>	I will collect resources	<input type="checkbox"/>	Please organise delivery to the school
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Return this form to the CRC

Fax :

4992 9502

Email:

crc@banana.qld.gov.au