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| **STUDENT DETAILS** | | |
| **Student Name:** |  | **Year level:** |
| **Name of previous school:** |  | |
| **Interests** | Student’s main interests: | |
| **School Support** | Has the student accessed the following supports?  Guidance Officer Chaplain School Nurse  Special Education Program  Learning Support  Other, please specify: | |
| **Attendance** | Attendance concerns: | |
| **Behaviour** | Triggers the school needs to be aware of:  Set Routines:  Intervention Details: | |
| **DIVERSE LEARNER DETAILS – HAS THE STUDENT BEEN PROVIDED WITH ADDITIONAL SUPPORTS PREVIOUSLY?** | | |
| **Language/ Background** | Was the student born in Australia?  Yes  No, please provide details  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the main language spoken at home?  English  Other, please provide details  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your child identify as Aboriginal/Torres Strait Islander?  No  Yes. If yes, please confirm if they spend time in community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are any family members deaf and communicate using AUSLAN?  No  Yes | |
| **Disability and Adjustment Categories (NCCD)** | Sensory (e.g., Hearing, Vision)  *Details*  Cognitive (e.g., Learning Difficulties e.g. Dyslexia, Dysgraphia, Intellectual Disability, ADHD)  *Details*  Social-emotional (e.g., anxiety, depression, ASD, ADHD)  *Details*  Physical (e.g., spina bifida, cerebral palsy)  *Details* | |
| **Curriculum** | Has the student had any specific adjustments/tailored supports: e.g., Teacher Aide, focussed/intensive classes, small group classes etc.  No  Yes, please provide details | |
| Individual Curriculum Plan (ICP):  No  Yes, please specify the subject and year level: | |
| **Medical Diagnosis** | Has the student been diagnosed with any medical conditions? (e.g., ASD, ADHD, Dyslexia, Intellectual Disability) No  Yes, please provide details  Please provide supporting documentation. Document is attached:  No Yes | |
| **Medication** | Does your child take any medications that may need to be administered during school hours?  No Yes, please specify:  Does your child take any medications outside of school hours?  No Yes, please specify: | |
| **EXTERNAL SUPPORT PROVIDERS** | | |
|  | In the past two years, has your student seen any of the following specialists?  Paediatrician  Counsellor 🗆 Speech Language Pathologist 🗆 Occupational therapist  Child Youth & Mental Health  Child and Family Health  Psychiatrist  Psychologist  Other Health Care Providers, please specify:  Is the student a current patient and/or in process of seeing the identified specialists above?  No  Yes | |
| **National Disability Insurance Scheme (NDIS)** | Are you receiving NDIS support/assistance?  Yes  No  Do you need NDIS referral assistance?  Yes  No | |
| **Actions to take** | 🗆 Refer student to:  🗆 Save the form in:  🗆 Interstate *(request information):*  🗆 QLD *(check OS once activated, contact relevant school)*: | |
| **NOTES** | | |
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