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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 detailsPlease 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 [ ]  NoDo 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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