



# STUDENT PROFILE

<b>Name</b>		<b>School</b>		<b>School Year</b>	
<b>Age</b>		<b>DOB</b>		<b>Date</b>	

<b>Reason for referral</b>		<b>Current school(s) &amp; dates</b>	
		<b>Previous schools &amp; dates</b>	

<b>Parents/Carers</b>		<b>Contact Information</b>	
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<b>Nationality &amp; Cultural background, Other languages spoken at home</b>		<b>Aboriginal/Torres Strait Islander?</b> <input type="checkbox"/> Yes
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<b>Family Background</b>	
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<b>Agencies currently involved with the family or child</b>	
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<b>Previous Interventions</b>		<b>When</b>	
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<b>DEC Disability Confirmation</b>		<b>Valid</b>	
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<b>Diagnosed Mental Health Conditions</b>		<b>Diagnosed by who and when</b>	
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<b>Health Concerns and Medication</b>		<b>Health Care Plan?</b> <b>Yes</b> <b>No</b>
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<b>Likes and interests</b>		<b>Dislikes</b>	
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<b>Cognitive ability</b>	<b>Never tested</b>	<b>Average range</b>	<b>Mild intellectual disability - IM</b>	<b>Moderate intellectual disability - IO</b>
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<b>Speech &amp; language</b>	
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<b>Fine motor concerns</b>		<b>Gross motor concerns</b>	
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<b>Sensory processing disorder</b>		<b>Vision or hearing</b>	
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<b>Relates best to</b>		<b>Difficulty relating to</b>	
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<b>Behaviour concerns</b>	
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<b>Academic strengths</b>		<b>Academic difficulties</b>	
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# LITERACY & NUMERACY PLAN

<b>Name</b>		<b>School</b>		<b>Date</b>	
<b>Participants</b>				<b>Review Date</b>	

## LITERACY

<b>Students will be able to:</b>	<b>Strategies:</b>
<b>SMART Goals</b> S=Specific M=Measureable A=Attainable R=Realistic T=Timely  <b>English</b>	<b>Teacher</b>           <b>Student</b>           <b>Parent/Carer</b>           <b>Other</b>





# BEHAVIOUR PLAN

<b>Student Name</b>		<b>School</b>		<b>Date</b>	
<b>Participants</b>				<b>Review Date</b>	

<b>Problem Behaviour</b>	<b>Function of Behaviour</b>	<b>Replacement Behaviour</b>	<b>Behaviour Goal</b>

<b>Behaviour Minimisation</b>	<b>Early Warning Signs</b>	<b>Early Intervention</b>

# BEHAVIOUR PLAN

## Displaying Positive Behaviour - Social Skills Teaching

Strategies	Who

## Displaying Negative Behaviour

Strategies	Who

## School Systems



# SENSORY PROCESSING PLAN

<b>Name</b>		<b>Participants</b>			
<b>School</b>		<b>Date</b>		<b>Date of Assessment</b>	<b>Review Date</b>

<b>SENSORY NEED</b>	<b>Strategies &amp; Support</b> Classroom & Playground	<b>Resources</b>	<b>Responsibility</b>
<b>Tactile - Touch</b>			
<b>Gustatory &amp; Olfactory</b> Taste & Smell			
<b>Visual - Sight</b>			
<b>Auditory - Hearing</b>			
<b>Vestibular</b> Movement Sense			
<b>Proprioception</b> Body Sense			

<b>Parent/Carers</b>		<b>Student</b>		<b>Teacher</b>	
<b>Sign</b>		<b>Sign</b>		<b>Sign</b>	
<b>Date</b>		<b>Date</b>		<b>Date</b>	