Student Support Profile

Student Details: To be completed by Parent/Guardian		
Surname:	First name:	DOB:

Previous	Current
School:	Start Date:
State, Country:	BBSS Year Level:
Year Level:	Class Teacher:

Is English a second language for your child? Yes / No If yes, main language spoken:

Does your child identify as Aboriginal or Torres Strait Islander? Yes / No

Please provide comment on any relevant concerns / information which may indicate further support required.

Has your child previously been enrolled in any of the following programs? **If so, please provide relevant details.**

◯ Early Childhood Development Program (ECDP)	◯ Managing Young Children Program (MYCP)
◯ Special School enrolment	

Has your child been involved in any of these school-based support programs? **If so, please tick and provide details.**

◯ Gifted and Talented

◯ Learning Support

	□ Reading	□ Writing	Oral Language	Mathematics

◯ Behaviour Support

◯ Social & Emotional Well-being

Has your child been identified as requiring extra assistance through state-wide testing or NAPLAN:

◯ Year 3 NAPLAN	◯ Year 5 NAPLAN

Has your child been identified, verified or diagnosed with:

◯ Speech / Language Impairment	◯ Hearing Impairment
◯ Vision Impairment	◯ Physical Impairment
◯ Intellectual Disability	◯ Autism Spectrum Disorder (ASD)
◯ Multiple Disabilities or Dual Diagnosis	◯ Global Developmental Delays
◯ A Mental Health Diagnosis	

Has your child received consultations with:

◯ Paediatrician	◯ Report attached	◯ Speech & Language Pathologist	◯ Report attached
◯ Occupational Therapist	◯ Report attached	◯ Psychologist	◯ Report attached
◯ School Guidance Officer	◯ Report attached	◯ Child Youth Mental Health	◯ Report attached
◯ Behavioural Specialist	◯ Report attached		

Please provide details of your child's previous testing:

	Date undertaken:	Comments:
Hearing		
Vision		
Other		

Parent/Carer Name:	Parent/Carer Signature:

Office Use Only	
Comments for Distribution	□ Class Teacher □ Learning Support □ SEP □ ESL
