



Bounty Boulevard State School Student Support Profile

Office Use Only
Roll Class:
Qld Year Level:

Surname:	First Name:	Date of Birth:	Country of birth:
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Previous school details:

Name:	State/Country:	School philosophy: e.g. multi age	Year Levels:
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School Based Support and Intervention

Has your child been identified for previous support? If so, please provide the relevant details.

Early Years Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Early Childhood Development Program (ECDP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Managing Young Children Program (MYCP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Special School Enrolment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student in Care (ESFP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gifted & Talented: (extension work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Learning Support:			
Reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Oral Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mathematics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is English a second language (ESL):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Behaviour Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Social & Emotional Well-Being	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Has your child been identified as requiring extra assistance through State-wide Testing, NAPLAN or Summer School?

	Report Available	Report Supplied
Year 2 Diagnostic Testing (Year 2 NET) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Year 3 NAPLAN <input type="checkbox"/> Yes <input type="checkbox"/> No		
Year 4 QCAT <input type="checkbox"/> Yes <input type="checkbox"/> No		
Year 5 NAPLAN <input type="checkbox"/> Yes <input type="checkbox"/> No		
Year 6 QCAT <input type="checkbox"/> Yes <input type="checkbox"/> No		
Year 7 NAPLAN <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summer School <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Support and Intervention

Has your child received consultations with:

	Report Available	Report Supplied
Paediatrician <input type="checkbox"/> Yes <input type="checkbox"/> No		
Speech and Language Pathologist <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Therapist <input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychologist <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Guidance Officer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Youth Mental Health <input type="checkbox"/> Yes <input type="checkbox"/> No		

Behavioural Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Has your child been identified, verified or diagnosed with:

Speech / Language Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intellectual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Autistic Spectrum Disorder (ASD):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multiple Disabilities or Dual Diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Global Developmental Delays	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Mental Health Diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide details of your child's previous testing:

	Date:	Comments:
Hearing		
Vision		
Other		

Please comment on any other relevant issues that may indicate further support requirements:

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Comments for distribution

<p>Teachers: Please refer to Student File for further information.</p>	<p>Notified/Copy provided to:</p> <p><input type="checkbox"/> Class Teacher</p> <p><input type="checkbox"/> Student Support Team</p> <p><input type="checkbox"/> Student File</p> <p>Enrolled By: _____</p> <p>Date: _____</p>
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Parent / Carer's Name

Parent / Carer's Signature

Date