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| **PRESCHOOL CHILD DETAILS** |
| Preschool child name: |  | School |  |
| Date of birth |  | SRN |  |
| Additional services being accessed DoE: | Additional services being accessed non-DoE: |

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| --- |
| **LEARNING AND SUPPORT TEAM MEETING** |
| Participants: | Date meeting held on: |  |
| [ ]  Principal | [ ]  Class educator | [ ]  School counsellor |
| [ ]  Parent/carer | [ ]  Preschool child | [ ]  CIFS personnel |
| [ ]  Other participants (provide details): |  |

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| **NCCD** |
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|  |  |  |  |
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| **Category of disability** | **Quality differentiated teaching practice or supplementary adjustments** | **Substantial adjustments** | **Extensive adjustments** |
| Physical  |  |  |  |
| Cognitive |  |  |  |
| Sensory |  |  |  |
| Social/Emotional  |  |  |  |

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| --- | --- |
| Health care plan |  |
| Behaviour support plan |  |
| Risk management plan |  |

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| **TRANISITION TO SCHOOL** |
| Primary school for Kindergarten |  |
| Have you applied for a support class? | [ ]  YES | [ ]  NO |
| Summary of progress |  |  |

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| --- |
| **KEY LEARNING AREA** |
| **Curriculum** | Always | Sometimes | Never |  | Always | Sometimes | Never |
| Completes set tasks |  |  |  | Understands simple number concepts |  |  |  |
| Sits and attends to group time |  |  |  | Draws/writes with a range of tools |  |  |  |
| **Adjustments provided and brief evaluation:** |
| **Communication** | **Provide further description** |
| **Receptive language** |  |
| **Expressive language** |  |
| **Adjustments provided and brief evaluation:** |
| **Participation** | **Provide further description** |
| **Social competence** |  |
| **Safety** |  |
| **Adjustments provided and brief evaluation:** |
| **Personal care** | **Provide further description** |
| **Hygiene** |  |
| **Eating & dietary** |  |
| **Health care procedures** |  |
| **Adjustments provided and brief evaluation:** |
| **Movement** | **Provide further description** |
| **Mobility & positioning** |  |
| **Hand motor skills** |  |
| **Adjustments provided and brief evaluation:** |
| **The current Integration Funding Support profile continues to be appropriate, and adjustments are documented for the student’s personalised learning and support:** | [ ]  YES | [ ]  NO |
| **If NO, please provide further information:** |
| **Parent/carer comment:** |
| **School comment:** |
| I support the actions recommended at the meeting: |
| Parent/carer |  | Signature |  | Date |  |
| Principal |  | Signature |  | Date |  |