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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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): | |  | | | |

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | |