

EDUCATION PLAN COVER SHEET

SCHOOL: _____

DATE: _____

REGION: _____

| Student Background Information | School Administration Information | Identified Student Needs* |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Student name: _____ Other name (if applicable): _____ Gender: _____ Date of Birth: _____ Is there a disability confirmation sheet? <input type="radio"/> YES <input type="radio"/> NO Is the child in statutory out of home care? <input type="radio"/> YES <input type="radio"/> NO Aboriginal? <input type="radio"/> YES <input type="radio"/> NO Torres Strait Islander? <input type="radio"/> YES <input type="radio"/> NO Culturally and linguistically diverse background? <input type="radio"/> YES <input type="radio"/> NO Other language or language spoken: _____ Legal guardian: _____ Parent/carer: _____ Telephone: _____ E-mail: _____ Address of parent/carer: <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div> | Principal name: _____ Student Registration No: _____ School year/class: _____ Date enrolled at current school: _____ Education plan coordinator: _____ Previous school/s: _____ _____ Plan/s from previous school/s? <input type="radio"/> YES <input type="radio"/> NO Plan/s developed at this school? <input type="radio"/> YES <input type="radio"/> NO NSW Health Assessment/Health Plan? <input type="radio"/> YES <input type="radio"/> NO Other agency plan? <input type="radio"/> YES <input type="radio"/> NO Attachments: _____ _____ _____ | (Provide details on Attachment) <input type="radio"/> Curriculum <input type="radio"/> Social <input type="radio"/> Behaviour <input type="radio"/> Safety <input type="radio"/> Transition/career <input type="radio"/> Culture/community <input type="radio"/> Mobility/posture/personal care <input type="radio"/> Health Care <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ |

| TYPE OF CURRENT PLAN | | | | | |
|----------------------|----------------|-------------|------|----------------|-------------|
| Name | Date developed | Review date | Name | Date developed | Review date |
| | | | | | |
| | | | | | |
| | | | | | |

Note: The principal or delegate is responsible for completing the cover sheet which is appropriate for use with any student who needs a education plan. It is recommended for use with students entering out of home care and for when education plans are revised for students in out of home care who already have them. The cover sheet and attachments should be reviewed annually and transferred with the student if they change schools. It will likely not be possible to complete the cover sheet attachment at the time the student enrolls; rather it may be part of the process of getting to know the student, carer or parent. The information might be collected and recorded by various members of staff who come in contact with the student. Specific education plans and other plans should be attached to the cover sheets. Consideration must be given to what personal information should be included and what should be made available to others, on a 'need to know' basis. All staff are expected to manage personal information about students appropriately.

COVER SHEET ATTACHMENT

STUDENT: _____

Year/Class _____



Education & Communities

Assessment summary:

Personal network:

Background summary:

Strengths:

Medication/health matters:

Interests:

Disability:

Issues:

Other agency involvement (including contact person):

More information on identified student needs (*as listed on cover sheet)

Overall goals: