

Student Learning Profile

Please complete PART A below.

- If you answer NO to each question in Part A, please disregard the remainder of this form.
- If you answer YES to any of the questions in PART A, please also complete PART B.

This information will be used to support the smooth transition of your students learning as a new student at Coolum High.

If you have provided us with details of your student's learning, please expect communication from one of our Diverse Learners team who will follow up on information provided.

PART A	Student Given Name		Student Surname		
	Date of Birth / /		Previous/Current School		
	Year Level to be Enrolled (please circle) 7 8 9 10 11 12		Intended start date / /		
				YES	NO
	Does your student have an Individual Curriculum Plan (ICP)				
	Does your student have a behavior plan				
	Has your child received learning support				
	Is English your student's second language/dialect (EALD)				
	Has your student been identified as having a disability				
	Has your student been formally identified as Gifted and Talented by Education Queensland				
Has your student been receiving wellbeing support at school (eg guidance/nurse/chaplain)					
Has your student been formally diagnosed with a medical condition which may affect how they learn at school?					

PART B	If your student is learning with an ICP (above or below year level), please advise which year level, and in which areas of the curriculum?
	If your student is supported by a behaviour plan, please provide basic details of what actions have been taken.
	If your student has received learning support, please provide details in which areas of the curriculum support has been previously required.



PART B	If English is your student's second language, please provide details of other languages spoken.
	If your student has a disability, please provide details of area of disability, and lessons/support received in the past.
	If your student has been formally recognised as Gifted and Talented, please provide details of what type of extension and support has been provided, and in which curriculum areas.
	If your student has been working with wellbeing support at school or outside of school, please provide brief details.
	If your student had been formally diagnosed with a medical condition which affects their learning, please provide brief details.

Parent/Carer Details		
Name	First Name	Surname
Parent/Carer Signature		
Contact Details		
Home	Work	Mobile
Email		