



# Coolum State High School

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DET International Department of Education and Training Trading as Education Queensland International  
 CRICOS Provider Number 00608A

## Student Learning Profile

Please only complete this form if your child has any additional learning needs.

This information will be used to support the smooth transition of your child's learning as a new student at Coolum State High School.

<b>PART A</b>	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        /        /	
				<b>YES</b>	<b>NO</b>
	Does your child have an Individual Curriculum Plan (ICP)?				
	Does your child have a behaviour plan?				
	Does your child receive learning support?				
	Is English your child's second language/dialect (EALD)?				
	Has your child been identified as having a disability?				
	Has your child been formally identified as Gifted and Talented by Education Queensland?				
	Does your child receive wellbeing support at school (eg guidance/nurse/chaplain)?				
Has your child been formally diagnosed with a medical condition which may affect how they learn at school?					

<b>PART B</b>	If your child is learning with an ICP (above or below year level), please advise which year level, and in which areas of the curriculum.	
	If your child is supported by a behaviour plan, please provide details of what actions have been taken.	
	If your child has received learning support, please provide details of the curriculum support given.	

Please turn over....



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

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