



CONFIDENTIAL

SPECIAL EDUCATION SCHOOL SUPPORT INDIVIDUAL STUDENT PROFILE FORM

Please note:

- Complete one form per student
- Attach supporting specialist reports and/or documentation that support diagnosis of disability
- Include a copy of the latest Education Adjustment Plan, or similar plan used in your school
- The identity of the student will remain confidential with access only being available to the Executive Director and staff of the AISNT

School Details:	
Name of School:	
Address:	
Phone Number:	
Facsimile:	
Email:	
Principal:	
Coordinator:	
Coordinator Email:	

Student Details:			
Student's Name:			
Student's Identity Number:		Date of Birth:	
Disability:			
Diagnosed by:			
Commencement Date:			

Has this student received CTP funding previously? Yes No

Diagnostic Category: (Circle the relevant category, using the Expanded Descriptors as a guide – Attachment 1)		
Physical Impairment (PI)	Communication Impairment (CI)	Severe Emotional/Behaviour Disorder (EBD)
Hearing Impairment (HI)	Vision Impairment (VI)	Intellectual Impairment (II)



Special Needs Profiling Instrument: (This section is to be completed using the SNPI document)		
Focus Area:	Level:	Adjustments to Educational Program Required:
Participation – Curriculum		
Participation – Behaviour		
Participation – Social Development		
Participation – Safety		
Communication – Access		
Communication Participation		
Personal Care – Hygiene		
Personal Care – Eating		
Personal Care – Health Care		
Movement – Mobility		
Movement – Hand Motor		

Details of support required for inclusion purposes:	

Principal's Signature		Date
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Association of Independent Schools of the Northern Territory

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