



instepwest

STUDENT CARE FORM

The purpose of this form is to collect relevant information for your son/daughter if he/she has special needs that the workplace supervisor needs to know about as a duty of care. This information, and any additional documentation obtain will be kept confidential.

This form is to be completed by the School INSTEP Coordinator in consultation with the student, parent/guardian and other appropriate school personnel.

PERSONAL DETAILS

Surname:	First Name:	D.O.B:
School Year: Day Student <input type="checkbox"/> Boarder <input type="checkbox"/>	School:	Parent Contact Number:

HIGHER NEEDS INFORMATION

Please describe the characteristics of the disability, medical condition or higher need. List what the student is able to do and list what they will needs help with, or things the Supervisor should be aware of.

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SUPPORT STRATEGIES

Please describe the strategies that will assist the Supervisor to enable a successful learning opportunity for the student.

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EMERGENCY ACTION PLAN

If the student has a medical condition you will need to collect information for an emergency action plan. It must be clear and concise. Information should include medication, what systems to expect, what are the triggers and what needs to be taken.

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PARENT/GUARDIAN PERMISSION

I agree to the relevant information being shared with the Workplace Supervisor:

Name (Parent/Guardian):	Signature:	Date: