

1. Parent/Carer Details

Parent/Carer 1	Parent/Carer 2
Name:	Name:
Relationship:	Relationship:
Occupation:	Occupation:
Home phone:	Home phone:
Mobile:	Mobile:
Work phone:	Work phone:
Email:	Email:



2. Emergency contacts

Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:

3. Transport arrangements

Special Transport	Driver:
Independent traveller	Phone:
Parents	Run #:
Residential	Details:
Details/variations	



4. Case Management

Doctor	
Therapist/Counsellor	
Primary Nurse	
Allergies	
Special diet	
Diabetes	
Other	
The	 medical health team has transfered care of
	 to the service recorded below.
If further mental health as please make contact with	
Service:	

Some students will not need case management.



5. Education

	Most Recent School	
School:		
Address:		
Phone:	Fax:	
	Contacts	
Name:	Position:	Phone:
Email:		
Name:	Position	Phone:
Email:	^	n

6. Transition/Vocational Education/Integration (delete as necessary)

Goal:	
Action:	
Outcomes:	



	_is completing the following subjects with work supplied by SDEHS.
	is completing the following subjects with work supplied by
Goal:	
Action:	
Outcomes:	

Goal:	
Action:	
Outcomes:	



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Adjustments

The following adjustments have been made to the **student's** work in line with the Disability Standards for Education:

Subject:			
Adjustments:	<u>,</u>		

Subject:	
Adjustments:	