

PUPIL PROFILE

Name _____ Date of birth _____
 Address _____ Teacher _____
 _____ Class _____
 Parents _____ Resource Teacher _____
 Telephone _____

Psychological Assessment

Tests administered	Date	Result	Main Concerns
			Main Recommendations

Screening Assessment

Tests administered	Date	Result	Date	Result

Diagnostic Assessment

Tests administered	Date	Result	Date	Result

Summary of other information

Parents	
Class teacher	
Learning Support Teacher	
Occupational Therapist	
Sp/lang. therapist	
Other	

PUPIL PROFILE (CONTINUED)

Medical/Health/Mobility

School :

Motivation	
Attitude to work	
Attendance	

Academic

Oral Language	
Communication	

Reading

Reading Scheme	
Level	
Sight Vocabulary	
Phonological Awareness	
Comprehension	
Spelling	

Writing

Functional	
Creative	

Maths

Computation		
Social Maths		
Assessment		
Resources		
Other		

Social :

Behaviour	
Interaction	
Self-Esteem	
Social Skills	
Other	

Learning strengths and attainments

- _____
- _____
- _____
- _____
- _____

Priority Learning Needs

- _____
- _____
- _____

INDIVIDUAL EDUCATION PLAN

Activities- Resource Teacher

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Equipment:

- _____
- _____
- _____
- _____

Activities- Class Teacher

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Activities- Home

- _____
- _____
- _____

Resource Teaching Time Allocation

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					
Location					

