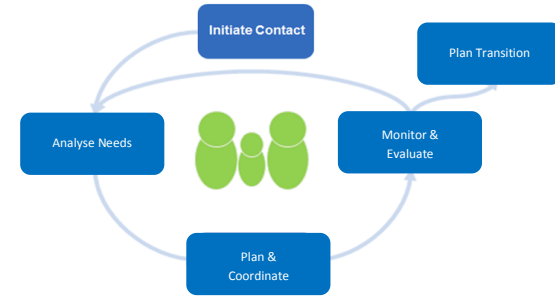


Insert Photo Here



LEARNER PROFILE

Last updated:

Name:	Year level:	DOB:	Barrier(s) to learning: (e.g. diagnosis)	Access to additional funding: Y/N
<p>General Information: (e.g. health diagnosis, family background)</p> <p>Impact of barriers on Learning & Participation:</p>			<p>Strengths:</p> <p>Abilities:</p> <p>Interests:</p>	
Provide information of barrier(s) to learning.		Suggested Strategies and Reasonable Adjustments		
		<p>E.g.</p> <p>Behaviour:</p> <ul style="list-style-type: none"> • <p>Curriculum:</p> <ul style="list-style-type: none"> • <p>Organisation</p> <ul style="list-style-type: none"> • <p>Social</p> <ul style="list-style-type: none"> • <p>Environmental</p> <ul style="list-style-type: none"> • 		
<p>Other Documents to consult: e.g. Individual Learning Plan, Professional Reports</p>				