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# Programme for Students with Neurodiversity

# (Autism Spectrum Disorder, ADHD, ODD, PDA etc)

**Individual Student Profile**

Taking time to fill in the following forms will be most helpful for the staff working with the student. It is recommended the forms are completed at the end of the year or with any change over of staff throughout the year.

Please copy the forms and have all relevant people complete them (Teacher, Teacher Aide, Specialist teacher, Parents). Or make a Google doc so everyone can add to the same documents.

**Student** ................................................................................................................................

**Form Completed By** ..................................................................... **Date** ......................

**Section 1 Academic**

**Section 2 Communication**

**Section 3 Behavioural**

**Section 4 Sensory**

**Section 5 Social Skills**

**Section 6 General**

**Section 1 Academic**

* Does the child have adequate fine motor skills? What accommodations have been used?

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* Will the student need a modified curriculum, and if so, in what key areas? ........................................

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* What are the student’s learning strengths?...........................................................................

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* What are the student’s learning weaknesses?......................................................................

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* Does the student pick up verbal cues? (two and three step instructions) ........................

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* Does the student need time to process (How long? What Supports? ) .......................................

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* When is the student independent and successful? ............................................................

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* When does the student need assistance?..........................................................................

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* Does the student complete work in the allocated time? .....................................................

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General Comment

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**Section 2 Communication**

* Can the student ask for help? How? ..................................................................................

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* Does the student raise their hand to seek adult assistance? .............................................

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* Can the student make choices? .........................................................................................

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* How does the student communicate? ................................................................................

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* Can the student ask question? ...........................................................................................

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* Can the student answer questions? ...................................................................................

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* Can the student engage in conversations? ........................................................................

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* Can the student communicate their needs and desires? ...................................................

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* Can the student recall experiences? ..................................................................................

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General Comment

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## Section 3 Behavioural

* Can the student stay on task? ............................................................................................

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* Can the student use free time independently? ...................................................................

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* Can the student sit for extended periods of time? ..............................................................

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* How does the student tolerate classroom noise? ...............................................................

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* How does the student react to change and new experiences? ..........................................

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* How does the student express frustration? ........................................................................

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* Can student calm themselves down? How?.......................................................................

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* Have you created a place for the student to have “time out” from the group? What was most effective? ...................................................................................................................

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* How does the student cope in the playground? .................................................................

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* What have been successful playground activities? ............................................................

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* Has the student ever been aggressive toward other children or adults? Why? .................

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* Does the student have disruptive behaviours?...................................................................

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* List any behaviours and successful strategies ...................................................................

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General Comment

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## Section 4 Sensory

(Include strategies that help the child to be successful)

* Interoception – (ie Internal) Do they know they need the toilet, food, and drink? ........................................................................................................................................

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* Are there any sensory likes/dislikes? (i.e. sounds, textures, taste, smell etc)

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* Is there any sensory that helps them regulate (ie: Headphones, Tent, Movement, Fidget Tools)

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* Have they seen an Occupational Therapist? Any recommendations?

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General Comment

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## Section 4 Social Skills

(Include strategies that help the child to be successful)

* How does the student respond to other children? ..............................................................

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* Can the student work closely with others? .........................................................................

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* Does the student share willingly? .......................................................................................

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* Does the student wait quietly for a turn? ............................................................................

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* Does the student initiate conversation?..............................................................................

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* Does the student react to appropriately to the emotions in self or others? How? .............

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* Does the child have appropriate play skills? ......................................................................

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* How does the student participate at outside play times? ...................................................

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* Who are their friends?

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General Comment

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Sue Larkey : Teacher, Author, Consultant on Autism Spectrum

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## Section 5 General

* What support has the student had in the past? ..................................................................

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* What do you recommend in the future? .............................................................................

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* What motivates the student? (Objects and activities).........................................................

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* What are their special interests /passion brings them joy?

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* What are their dislikes? ......................................................................................................

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* Have they or are they currently seeing any allied health professionals? (OT, Speech etc)

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General Comment

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What are the key priorities for school? (Term …………… Year )

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