# initial needs identification tool

**Purpose:** to identify presenting needs, document history and identify TAL team members.

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| Learner Information | | | | | |
| Name: | | | | | |
| Date of Birth: | | | | | |
| Gender: | | | | | |
| **Who is the initial contact person?** | | | | | |
| Name |  | | Phone |  | |
| Organisation |  | | Email |  | |
| Position |  | | Relationship to learner |  | |
| **Who does the learner live with?** | | | | | |
| Relationship | |  | Phone | |  |
| Given name(s) | |  | Email | |  |
| Family name | |  | Address | |  |
| **Who are the learner’s parents?** | | | | | |
| Relationship | |  | Phone | |  |
| Given name(s) | |  | Email | |  |
| Family name | |  | Address | |  |
| Relationship to learner | |  | Phone | |  |
| Given name(s) | |  | Email | |  |
| Family name | |  | Address | |  |
| **Does the learner have any siblings?** | | | | | |
| Name: | |  | DOB: | |  |
| Name: | |  | DOB: | |  |

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| Are there any considerations that need to be made moving forward? (e.g. Koorie, disability,  additional needs, out of home care, interpreter) |
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| What do the learner, family and school believe are the needs for improved outcomes? |
| **Profile of the learner:**  What does the learner require?  What are the learner’s strengths?  What are the barriers impacting on their learning? (health, school attendance etc.)  Other |
| **Profile of the family:**  Strengths  Challenges  Other |
| **Relevant history of learner and family:** |
| **Other:** |

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| Are there any individuals that the learner would like to be involved in the Team Around the Learner team? | | | |
| **Name** | **Relationship to learner** | **Reason for involvement** | **Contact details** |
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| What are the most relevant referrals (previous/current) that have been made for the learner? | | | |
| **DET Area Team/ external agency** | **Dates of service**  **delivery** | **Reason for referral** | **Contact person details** |
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| Information sharing | | |
| Has information sharing been discussed with the learner and family? | Yes □ | No □ |
| Has the information sharing consent form been filled out and signed? | Yes □ | No □ |
| Additional comments | | |

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| Actions required from this meeting? e.g. SSG, additional members, plans (IEP, BSP, Safety Plan) | | |
| **Actions** | **Person responsible** | **Review date** |

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| Date of next meeting: |
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