# ENA status report

The ENA Status Report is a mandatory tool used to record the status of an individual student’s ENA at various points in time, and enables monitoring of responsibilities as outlined in the Partnering Agreement. The report is a brief summary of the ENA process, including the student’s needs and strengths, the views of the student and carer, and key recommendations.

The report should be completed within three months of the initial SSG meeting and/or completed following a review and/or update of a student’s existing ENA.

**STUDENT INFORMATION AND CONTRIBUTORS**

| Name |  | Date of Birth |  |
| --- | --- | --- | --- |
| **Year Level** |  | **Current School** |  |
| **DHHS Case Worker** |  | **Carer / Parent / Guardian** |  |
| **Contract Agency Worker** |  | **Designated Teacher** |  |
| **SSS** |  | **Learning Mentor** |  |
| **LOOKOUT** |  | **Classroom/Home Group Teacher** |  |
| **Date of ENA status report** |  | **Author of ENA Status Report** |  |

**INFORMATION/ASSESSMENTS OBTAINED OR COMPLETED**

| Education | Report / assessment | Date completed/to be completed |
| --- | --- | --- |
| □ Previous/current IEP |  |
| □ Previous school report/s |  |
| □ On Demand Testing |  |
| * NAPLAN
 |  |
| □ Victorian Curriculum |  |
| □ Literacy |  |
| □ Numeracy |  |
| □ English Online |  |
| □ Teacher observations |  |
| □ Student work samples |  |
| □ Attendance data |  |
| □ PSD application |  |
| □ Previous/current Behaviour Support Plan  |  |
| * Cultural Plan (if relevant)
 |  |
| □ Other (please specify):  |  |
| **Allied Health** | □ Cognitive |  |
| □ Language |  |
| □ Speech/articulation |  |
| □ Achievement |  |
| □ FBA/behavioural observation |  |
| □ Vision |  |
| □ Hearing |  |
| □ Paediatric |  |
| □ Occupational Therapy |  |
| □ Other (please specify): |  |
| **Services involved** |  |

**STUDENT’S ABILITIES**

| **Strengths** |  |
| --- | --- |
| **Support Needs** |  |

**SUMMARY**

| Summary |  |
| --- | --- |
| **Recommendations** |  |
| **Rationale** |  |

| Principal or Delegate: |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | (name) |  | (signature) |  | (date) |
| **SSS Representative:** |  |  |  |  |  |  |
|  |  | (name) |  | (signature) |  | (date) |