# 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:**StrengthsChallengesOther |
| **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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