

Education Profile Primary Form

Date Requested:

Dear Teacher/Resource Teacher Learning and Behaviour

Written consent of the legal

guardian given ☐ Yes ☐ No

My name is

I am a Child, Youth and Family social worker working on a Gateway assessment. A Gateway assessment is an in-depth assessment of a student's education, health, and care and protection needs.

The Ministry of Education, the Ministry of Health, and Child, Youth and Family believe that by working together the life outcomes of student's entering care can be significantly enhanced. The information you provide is an important part of the Gateway process. This student has recently entered care, or is already in care, or has high needs which have been identified in a Family Group Conference:

Student's name	
Preferred name/also known as	
Date of birth	
Age	
Gender	
Ethnicity	
Address	
Iwi Affiliation	
Care status: Student is the care of the Chief Executive of Child, Youth and Family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of entry to care	
School and address	

I attach a copy of an Education Profile to be completed. The information from the profile, and other information, will be used to put together a plan to support the student.

I would like you to:

- Complete the Education Profile, including all the information that you think is relevant to the student's educational achievement. Include copies of any previous assessments, student plans, and the student's most recent school report.
- Send the profile to me and the Gateway Assessment Coordinator within seven working days.

The Gateway Assessment Coordinator is employed by the local District Health Board. The coordinator's job is to arrange a health assessment for the student and gather information – including education information – to help with that assessment. Your coordinator's contact details are:

<i>Gateway Assessment Coordinator</i>	
<i>Address</i>	
<i>Phone</i>	
<i>Email</i>	

Once the health assessment has been completed you will receive a copy of the health assessor's report and recommendations, and will be invited to participate in the development of the Interagency Services Agreement.

Privacy: The student's parents or legal guardians have provided their written consent for the information in the Education Profile, including copies of any previous assessments, to be shared with the Gateway Assessment Coordinator, and others supporting the student. If you have any questions about privacy, or the Gateway process, please contact me.

My contact details are:

<i>Name</i>	
<i>Child, Youth and Family site address</i>	
<i>Phone</i>	
<i>Email</i>	

I look forward to hearing from you.

Education Profile – Primary School

<i>Date Received</i>	<i>Click here to enter a date.</i>
<i>Person completing this form</i>	
<i>Relationship to the student</i>	
<i>Phone</i>	
<i>Email</i>	
<i>Student's teacher (if not you)</i>	
<i>Student's year level</i>	
<i>Length of time at this school</i>	
<i>Student's National Student Number</i>	

1. Background

Are there any significant changes within the last three months which have affected the student's education?

Has the student ever received a specialist assessment?

- A cognitive (IQ) assessment ☐
- A behaviour assessment ☐
- A learning assessment ☐

If yes, include any assessment reports with the completed profile.

Is the student verified for the Ongoing Resourcing Scheme (ORS)? *Choose an item.*

High Needs ☐ Very High Needs ☐

History of schools the student has attended

Attach ENROL data or list the school/s the child/young person has previously attended
(Add rows as required)

<i>School name</i>	<i>Enrolment period (start date – leaving date)</i>	<i>Reason for leaving school</i>

Comment (If required, add relevant comments about circumstances for changing schools)

1. Background Cont...

History and outcomes of previous interventions

Provide a summary of the interventions carried out in the previous 2-3 years, with more information for interventions in the previous 6 months. This must include all interventions carried out by current special education service provider/s. Also include work carried out by other agencies or services where appropriate. Please ensure the outcome evaluation column describes what happened as a result of the intervention, i.e. whether the intervention was effective and if not, why not.

(Add rows as required)

<i>Name of intervention</i>	<i>Intervention start date</i>	<i>Duration of intervention</i>	<i>Intervention provided by</i>	<i>Outcome evaluation (What happened as a result of the intervention?)</i>
<i>E.g.: Social skills group</i>				<i>Not completed due to lack of school staff available</i>

Comment if required (E.g. explain any underlying reasons for why interventions may have been unsuccessful in the past)

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Has an Initial Gateway Meeting been held (for students who have recently entered care)? YES/NO

Initial Gateway Meeting Attendees

Name	Role

2. Factors affecting the student's learning

Factor	Area of development	Is this an area of concern? Yes/No	Comments
Physical Activities	<i>Walking, running, climbing, coordination</i>	<i>Choose an item.</i>	
Fine motor skills	<i>Handwriting, drawing, manipulating small objects</i>	<i>Choose an item.</i>	
Communication skills (expressive language)	<i>Talking or pronouncing words, making themselves understood</i>	<i>Choose an item.</i>	
Understanding of language (receptive language)	<i>How they understand what others say</i>	<i>Choose an item.</i>	
Sensory issues attach results of hearing and vision screening tests from ENROL	<i>Hearing</i>	<i>Choose an item.</i>	
	<i>Vision</i>	<i>Choose an item.</i>	
Sensory issues that interfere with their learning			

3. Learning and Achievement

In the 'Curriculum Level' column below, please indicate how this student's learning and achievement compares with their peers.

- + above the level expected of their peers
- 0 at the level expected of their peers
- below the level expected of their peers

Key Competencies	Curriculum Level (+/0/-)	Assessment methods	Comments
Thinking : using creative critical and metacognitive processes to make sense of information, experiences and ideas			
Using language, symbols and texts: working with and making meaning of the codes in which language is expressed			
Managing self: self motivation, self assessment, making plans, managing projects, setting high standards			
Relating to others: effective interaction, active listening, recognizing different points of view, negotiating, sharing ideas			
Participating and contributing: actively involved in communities			

4. Strengths and Difficulties Questionnaire SDQ-T (4-10 years)

The following section is a standardised questionnaire to assist with identifying behaviour and socialisation strengths and concerns of the young person.

	<i>Not True</i>	<i>Somewhat True</i>	<i>Certainly True</i>
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children e.g. pencils, books and food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset, feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other young people or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, do you think this student has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No ☐ Yes – minor difficulties ☐ Yes – definite difficulties ☐ Yes – severe difficulties ☐

Strengths and Difficulties Questionnaire SDQ-T (4-10 years) Cont...

If you answered “Yes” please answer the following questions about these difficulties:

<ul style="list-style-type: none"> How long have these difficulties been present? <table style="width: 100%; text-align: center; margin-top: 5px;"> <tr> <td style="width: 25%;">Less than a month</td> <td style="width: 25%;">1 – 5 months</td> <td style="width: 25%;">6 – 12 months</td> <td style="width: 25%;">Over a year</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> 					Less than a month	1 – 5 months	6 – 12 months	Over a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<ul style="list-style-type: none"> Do the difficulties upset or distress the student? <table style="width: 100%; text-align: center; margin-top: 5px;"> <tr> <td style="width: 25%;">Not at all</td> <td style="width: 25%;">Only a little</td> <td style="width: 25%;">Quite a lot</td> <td style="width: 25%;">A great deal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> 					Not at all	Only a little	Quite a lot	A great deal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Not at all	Only a little	Quite a lot	A great deal																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<ul style="list-style-type: none"> Do the difficulties interfere with the student’s everyday life in the following areas? <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%; text-align: center; padding: 5px;">Peer relationships</td> <td style="width: 20%; text-align: center; padding: 5px;">Not at all</td> <td style="width: 20%; text-align: center; padding: 5px;">Only a little</td> <td style="width: 20%; text-align: center; padding: 5px;">Quite a lot</td> <td style="width: 20%; text-align: center; padding: 5px;">A great deal</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">Classroom learning</td> <td style="text-align: center; padding: 5px;">Not at all</td> <td style="text-align: center; padding: 5px;">Only a little</td> <td style="text-align: center; padding: 5px;">Quite a lot</td> <td style="text-align: center; padding: 5px;">A great deal</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> 					Peer relationships	Not at all	Only a little	Quite a lot	A great deal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Classroom learning	Not at all	Only a little	Quite a lot	A great deal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Classroom learning	Not at all	Only a little	Quite a lot	A great deal																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<ul style="list-style-type: none"> Do the difficulties put a burden on you or the class as a whole? <table style="width: 100%; text-align: center; margin-top: 5px;"> <tr> <td style="width: 25%;">Not at all</td> <td style="width: 25%;">Only a little</td> <td style="width: 25%;">Quite a lot</td> <td style="width: 25%;">A great deal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> 					Not at all	Only a little	Quite a lot	A great deal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					

5.*Interests and Activities*

Comment on the student's participation in school activities

Talk to the student about their interests and activities taking account of the following:

- What are the student's dreams/aspirations?
-

- Who does the student interact with mainly?
-

- What are the student's main interests – sports, hobbies, games?
-

- Are there other activities the student has expressed an interest in?
-

- What is the student's view about the support they require?
-

- What does the student think are their learning successes or strengths?
-

- How does the student think they learn best?
-

6. Student Wellbeing¹

Hononga – Relational aspects within the whānau and with others

What parts of the student's life uplift and strengthen the student's thoughts and feelings? Identify strengths and areas for development with regard to the following dimensions:

Whānau – interdependence and connectedness	
Whenua – Kinship and belonging	
Friendships – Cooperation and empathy	

Hinengaro – Psychological aspects

What parts of the student's life uplift and strengthen the student's thoughts and feelings? Identify strengths and areas for development taking account of the following dimensions:

Motivation – Inspiration and drive	
Emotions – Thoughts and feelings	
Cognition – Learning and understanding	

Tinana – Physical aspects

What parts of the student's life enhance physical health and wellbeing? Identify strengths and areas for development taking account of the following dimensions:

Demeanour – Appearance and body language	
Energy levels – Alertness and zeal	
Physical safety – Respect for self and others	

Mana Motuhake– Self Concept

What parts of the student's life strengthen and enhance identity and overall wellbeing? Identify strengths and areas for development in the following dimensions

Cultural Identity –Pride and security	
Attitude and Spirit – Manner and disposition	
Resilience – Courage and confidence	

¹ Adapted from Te Pikinga Ki Runga - Ministry of Education, Kaitakawaenga Model of Practice

7. Behavioural/Education Needs

Does the student have satisfactory attendance? *Choose an item.*

If no, please comment:

Has this student ever been stood down, suspended or excluded? *Choose an item.*

If yes, provide details.

What are the student's strengths?

What are the student's learning successes?

1.

2.

3.

4.

5.

What interventions/approaches work well for this student?

What learning **needs** have you identified?

- | | | |
|----|---|------------------------|
| 1. | Literacy | <i>Choose an item.</i> |
| 2. | Numeracy | <i>Choose an item.</i> |
| 3. | Communication | <i>Choose an item.</i> |
| 4. | Organisation and planning | <i>Choose an item.</i> |
| 5. | Executive functions; planning & problem solving | <i>Choose an item.</i> |
| 6. | Other | <i>Choose an item.</i> |

Comment - If you answered 'yes' to any of the above please provide details.

7. Behavioural/Education Needs Cont...

What educational environmental **needs** have you identified?

E.g. differentiated/adapted curriculum, specialist adaptations to the physical environment

- | | | |
|----|---|------------------------|
| 1. | Curriculum adaptation/differentiation | <i>Choose an item.</i> |
| 2. | Environmental adaptation | <i>Choose an item.</i> |
| 3. | Paraprofessional support; TA, Mentor, Tracker | <i>Choose an item.</i> |
| 4. | Small group | <i>Choose an item.</i> |
| 5. | One to one | <i>Choose an item.</i> |
| 6. | Other | <i>Choose an item.</i> |

Comment - If you answered 'yes' to any of the above please provide details.

What behaviour/social skills **needs** have you identified?

- | | | |
|----|--|------------------------|
| 1. | Relationships with adults | <i>Choose an item.</i> |
| 2. | Relationships with peers | <i>Choose an item.</i> |
| 3. | Coping, managing emotions, dealing with stress | <i>Choose an item.</i> |
| 4. | Problem solving and conflict resolution | <i>Choose an item.</i> |
| 5. | Hyperactivity, attention | <i>Choose an item.</i> |
| 6. | Other | <i>Choose an item.</i> |

Comment - If you answered 'yes' to any of the above please provide details.

What steps has the school taken to address these needs?

- | | | |
|----|--|------------------------|
| 1. | Specialist support external; Special Education, RTLB | <i>Choose an item.</i> |
| 2. | Specialist support internal; SENCO or other school staff | <i>Choose an item.</i> |
| 3. | Teacher's Aide | <i>Choose an item.</i> |
| 4. | Individualised planning; IEP, IBP | <i>Choose an item.</i> |
| 5. | Other | <i>Choose an item.</i> |

Comment - If you answered 'yes' to any of the above please provide details.

8. Next steps

What are the priorities for intervention planning?

What action will be taken to address the priorities above?

- | | | |
|----|--|------------------------|
| 1. | Specialist support external; Special Education, RTLB | <i>Choose an item.</i> |
| 2. | Specialist support internal; SENCO or other school staff | <i>Choose an item.</i> |
| 3. | Teacher's Aide | <i>Choose an item.</i> |
| 4. | Individualised planning; IEP, IBP | <i>Choose an item.</i> |
| 5. | Other | <i>Choose an item.</i> |

Comment - If you answered 'yes' to any of the above please provide details.

Are there any other needs or challenges you have identified which affect the student's learning?

- 1.
- 2.
- 3.
- 4.
- 5.

Are you interested in participating in a case conference to discuss an inter-agency approach to meeting the needs of this students? *Choose an item.*

Do you think the Social Worker should apply for Student Aide support for this student to support the teacher to work with the student? Student Aide support provides a student with a Teacher's Aide?
Choose an item.

If yes, then how many hours per week is appropriate, and for how long? Attach a plan to show how these hours will be used.

9. Checklist

Thank you for completing this profile. Check you have:

- answered all the questions
- included copies of any previous assessments, student plans, and the student's most recent school report.

Signature: _____ *Date:* [Click here to enter a date.](#)