

SUMMARY REPORT

FUNCTIONAL PLACEMENT REVIEW

Name of Student			
Date of Birth			
Year Level			
Name of School			
Date			
Existing functional placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry date / /
Evidence of complex needs/ reason for functional placement:			
Diagnosis and additional reports (including dates of assessment/s):			
Assessment of adaptive behaviors with composite scores two or more below the mean in two areas (including date of assessment):			

History/synopsis of background information:	
Current progress as reflected in most recent EAP including behavior; safety and health care plans as required (including EAP date):	
Synopsis of previous adjustment to reflect analysis of student's progress :	
History of advice and support from multidisciplinary professionals (i.e. counselor, therapists, psychologists, DCF):	
Meeting with Parents/Carer to gain informed consent	<input type="checkbox"/> Yes <input type="checkbox"/> No