

St. Teresa's Special School



Summary of Needs at enrollment

Please complete the following document to give an overview of your child's needs:

Name: _____

Age: _____

Details of previous school placement if relevant

Means of Communication:	
Medical Needs:	
Physiotherapy Needs:	
Behaviours that	

challenge:	
Personal Care/ Toileting:	
Eating & Feeding Needs:	
Support required on Bus/ Transport:	
Hearing or vision needs:	
Respite/ Home Share details:	
Details of the multi-disciplinary	

support your child receives	
Other additional information:	

Signed: _____

Date: _____