

Inclusion Support Profile

We acknowledge that you, as parent, are your child's first teacher and best expert! With this in mind we invite you to share your insights with us. Your feedback will help us support your child at EBASCA.

National Quality Standard	<i>QA5.2 – Each child is supported to build and maintain sensitive and responsive relationships with other children and adults</i> <i>QA6.2 – Collaborative partnerships enhance children's inclusion, learning and wellbeing</i>		
CHILD NAME		DOB	____ / ____ / ____
Additional Support Needs/Diagnosis (if any)			
e.g – noise sensitivity, ADHD, ASD, social anxiety, food aversion, sensory processing disorder			
Services Accessed (if any)			
e.g – Occupational Therapist, Psychologist, Speech therapist			
Please include any details relevant to your child – this will help us cater to their strengths, maximise their inclusion and provide a rich play experience at EBASCA!			
STRENGTHS	INTERESTS	ABILITIES	

What does your child need to feel supported at EBASCA? Additional areas of support / inclusion?		
eg. My child can become overwhelmed in a noisy environment, and then has difficulty expressing themselves and asking for what they need.		
What are some strategies you implement to address these needs?		
eg. My child likes to wear ear defenders to manage the noise level		
Has your child been approved for NDIS funding?		
Yes / No Comment:		
PARENT NAME	SIGNATURE	DATE
		____ / ____ / ____
OFFICE USE ONLY		
Review Date:		
2 nd Review Date:		

