

THErapy ONE PAGE PROFILE

STUDENT:

THERAPIST:

ORGANISATION:

Please select:

SPEECH PATHOLOGY/ OCCUPATIONAL THERAPY/ PSYCHOLOGY/ PHYSIOTHERAPY/ OTHER: _____

MAIN GOALS FOR THIS TERM

1.

2.

3.

WHAT SHOULD WE TRY IN THE CLASSROOM TO HELP
ACHIEVE THESE GOALS:

1. _____

2. _____

3. _____

APPOINTMENT DETAILS (If attending regularly)

DAY: _____

TIME: _____

Please select:

In class consultation/ withdrawal consultation

THERAPIST CONTACT DETAILS

Phone:

Email:

I CAN BE INVOLVED IN (please tick):

- IEP Meetings
- Case Conferences
- Phone Consults