

ACE Tiverton: Student Profile

Preferred Name:		Legal Name:	
Date of Birth:		Year Group:	
Learning Family		Profile Author	
Safeguarding Concerns If yes, give details		Enhanced Risk Assessment Name Lead Person	
Allergies If yes, give details		Medical Condition If yes, give details	
Primary Area of Need:		Student 10 Word Description or Photograph:	
Best Support Strategies:		Known Triggers:	
1. Safe Person/s: 2. Safe Place/s: 3. Other:		1. 2.	
Areas of Interest:		Strategies for Successful Learning:	
1. 2. 3.		1. 2. 3.	
Academic Targets Areas:		Social Target Areas:	
1. 2. 3.		1. 2. 3.	
Other Useful Information <small>e.g.: use of adaptive seating, sensory items</small>			
Date Written:	Written by:	Review Date: (6 weeks from date of first writing)	