

**LEARNER PROFILE**  
**GRADES R – 12**  
**CONFIDENTIAL**

- This is a legal document and information may not be removed. It must be made available by the principal of the school from which the learner has been transferred once the transfer document has been issued, to the principal of the school to which the learner is being moved. It should be posted or personally and officially handed over to the receiving principal and not given to the learner's parents/guardian (of the learner).
- This profile must be completed in print at least annually by the register teacher. No Tippex may be used.
- When information is included in the area marked by an asterisk (\*), the teacher should complete the Support Needs Assessment Form of the Strategy on Screening, Identification, Assessment and Support (SIAS).

Learner No									
<b>FOUNDATION PHASE</b>  <i>Photo must be attached at the beginning of phase</i>	<b>INTERMEDIATE PHASE</b>  <i>Photo must be attached at the beginning of phase</i>			<b>SENIOR PHASE</b>  <i>Photo must be attached at the beginning of phase</i>			<b>FET PHASE</b>  <i>Photo must be attached at the beginning of phase</i>		
....	....			....			....		

**PERSONAL INFORMATION** (Please use BLACK ink and update if there are changes)

Surname									
Names									
Name by which learner is called					Home language				
ID number (birth certificate)				Sex (M/F)					
Number of children in household or family									
Position in family (Indicate with X)		Only child	First child	Second child	Third child	Fourth child	Fifth / more		
Religion	African	Bahai	Buddist	Christian	Hindu	Islam	Jewish	Other:	

* Disability (if any)									
* Type of social grant (e.g. foster care, care dependency grant, child-support grant, etc.)									

**MEDICAL INFORMATION** (Please use a PENCIL and update when there is change, except for allergies)

Family doctor/Clinic					Contact no				
Allergies (indicate in RED)					Chronic illness				
Name of Medical Aid					Medical Aid no.				
Name of principal member (Medical Aid)									
Contact person (not parent or guardian) in case of emergency				Contact no					
Road to Health Card shown?			Yes	No	Number				

<b>* Any indication of <u>problems</u> with regard to</b>				<b>* Remark(s) if "YES"</b>					
Child's growth progress				Yes	No				
Prenatal/postnatal information				Yes	No				
Immunisation record (birth to 5 years)				Yes	No				
Visual/hearing/height/weight/speech/physical/locomotor screening results				Yes	No				
Hospital admissions				Yes	No				

Any developmental problems in the "In need of special care" section?	Yes	No	
Any chronic condition?	Yes	No	
<b>INFORMATION REGARDING PARENT(S) OR GUARDIANS</b> <i>(Please use a PENCIL and update if there are changes)</i>			
	Father	Mother	Guardian
Surname & Initials			
Occupation			
Physical address			
Postal address			
City/Town			
Telephone (home)			
Telephone (work)			
Cell phone			
Email address			
<b>PERSON(S) WITH WHOM THE LEARNER LIVES</b> <i>(Fill in only when this is different from parents/guardians mentioned above)</i>			
Surname & initials		ID Number	
Contact details		Relationship	
<b>PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL</b>			
Surname & initials		ID Number	
Contact details		Relationship	
<b>* EARLY INTERVENTION SERVICES RENDERED</b> <i>(All services related to barriers to learning e.g. poverty, health, disability, social assistance)</i>			
0 – 5 year		Services and interventions received	
<b>SCHOOLS ATTENDED (Grade R included)</b> <i>(Use a BLACK PEN and update annually if (when) there are changes)</i>			

Name of school Date Gr Date Gr	EMIS no	LOLT	Admission	Departure
			Date/Gr	Date/Gr

* AREAS NEEDING ONGOING SUPPORT				
(e.g. academic, emotional, behaviour, social, learning, vision, mobility, communication – detailed reports may be included in the profile) Please use a BLACK PEN				
MM/YY	Gr	Area of need	Nature of support	Review Date



**\* AREAS NEEDING ONGOING SUPPORT (Continued)** (e.g. academic, emotional, behaviour, social, learning, vision, mobility, communication – detailed reports may be included in the profile) *Please use a BLACK PEN*

MM/YY	Gr	Area of need	Nature of support	Review Date

### **PARTICIPATION IN EXTRA (CO)-CURRICULAR ACTIVITIES**

(School, as well as non-school related – include certificates required for Life Orientation in FET)

Year	Gr	Activity	Certificate	Organisation/other

**ACHIEVEMENTS** - e.g. Academic, arts & culture, sport. *(Please use a BLACK PEN and complete annually)*

Year	Gr	Activity

# CUMULATIVE RECORD CARD

*Must be completed annually by the register teacher* (Alternatively: A computer-generated report with all the information may be attached to these pages annually)

FOUNDATION PHASE						Use a BLACK PEN			Indicate achievement level		
Level indicators		Outstanding		Meritorious		Substantial	Adequate	Moderate	Elementary	Not achieved	
Code		7 (80 – 100%)		6 (70 – 79%)		5 (60 – 69%)	4 (50 – 59%)	3 (40 – 49%)	2 (30 – 39%)	1 (0 – 29%)	
Year	Grade	Progress									
		Home Language	First Additional Language	Mathematics	Life Skills	Comment				Number of days absent	Promotion Y / N

INTERMEDIATE PHASE						Use a BLACK pen			Indicate achievement level			
Level indicators		Outstanding		Meritorious		Substantial	Adequate	Moderate	Elementary	Not achieved		
Code		7 (80 – 100%)		6 (70 – 79%)		5 (60 – 69%)	4 (50 – 59%)	3 (40 – 49%)	2 (30 – 39%)	1 (0 – 29%)		
Year	Grade	Progress										
		Home Language	First Additional Language	Mathematics	Natural Sciences	Social Sciences	Life Skills				Number of days absent	Promotion Y / N

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SENIOR PHASE					Use a BLACK PEN Indicate performance levels					Circle results if condoned in Grade 9			
Level indicators		Outstanding		Meritorious		Substantial	Adequate	Moderate	Elementary		Not achieved		
Code		7 (80 – 100%)		6 (70 – 79%)		5 (60 – 69%)	4 (50 – 59%)	3 (40 – 49%)	2 (30 – 39%)		1 (0 – 29%)		
Year	Grade	Progress										Number of days absent	PROMOTION Y/N
		Home Language	First Additional Language	Mathematics	Natural Sciences	Social Sciences	Life Skills	COMMENTS					

  

FET PHASE					Use a BLACK PEN Record % achieved per subject					Circle results if condoned			
Level indicators		Outstanding		Meritorious		Substantial	Adequate	Moderate	Elementary		Not achieved		
Code		7 (80 – 100%)		6 (70 – 79%)		5 (60 – 69%)	4 (50 – 59%)	3 (40 – 49%)	2 (30 – 39%)		1 (0 – 29%)		
Year	Grade	Progress										Number of days absent	PROMOTION Y/N
		Home Language	First Additional Language	Mathematics	Life Skills			COMMENTS					



PLACE THE FOLLOWING INFORMATION IN THIS PROFILE DOCUMENT		
Date	Document	√
	Admission form	
	Copy of birth certificate	
	Copy of Road to Health card	
	Transfer certificate/document	
	Indemnity forms	
	Letters from/to parents	
	Absenteeism letters	
	Medical reports	
	Support services	
	Intervention reports	
	<b>* Current report card</b>	
	Support Needs Assessment (SIAS)	
Annually	End of year report/report card	

DETAILS OF CLASS / REGISTER TEACHER			
Date	Grade	Surname and initials	Signature

**\* IF THE LEARNER IS TRANSFERRED IN THE MIDDLE OF THE YEAR, THE MOST RECENT (CURRENT) REPORT SHOULD BE PLACED IN THE PROFILE**





# basic education

Department:  
Basic Education  
**REPUBLIC OF SOUTH AFRICA**

## SUPPORT NEEDS ASSESSMENT FORM

### SNA 1 & 2: SCHOOL LEVEL

Surname and names of learner	DOB: 20.../ ..... / .....(yy/mm/dd)  ID No. ....  LURITS/CEMIS No. ....
Name of school:	EMIS No.: .....

This is a confidential document that must be kept in the Learner Profile



# SUPPORT NEEDS ASSESSMENT (SNA 1 & 2) (School-Level Intervention)

*Both SNA 1 and 2 must be completed at school level*

*A Learner Profile, SNA 1 and SNA 2 will be required when support is requested from the District-based Support Team (DBST).*

## SNA 1: ASSESSMENT AND INTERVENTION BY TEACHER

*To be completed by the class teacher and/or subject teachers if the learner is taught by more than one teacher.*

- To be completed if the Learner Profile or Screening Report or teacher observation or parent interview shows that a learner has additional support needs.
- Captures information that will be needed when support is requested from the School-based Support Team (SBST) by the teacher concerned.

### 1. AREAS OF CONCERN

Describe your concern about the learner.


When did you become aware of this? \_\_\_\_\_

How did you become aware of this – own observation or was it reported?


How is this observation currently affecting the learner’s learning and development? Describe.


**Complete the following table with regard to the learner’s scholastic profile** (information extracted from Learner Profile)

<b>YEAR</b>							
<b>GRADE</b>							
<b>RESULT</b> (Pass/more time/ progressed)							
<b>NUMBER OF SCHOOLS ATTENDED</b>							

Has any disability been diagnosed by a healthcare professional?

(as captured in *the Medical and Health Assessment Form [Annexure D]*)

If Yes, complete the following and attach reports.

Health-care Professional	Date of assessment	Summary of results

## 2. STRENGTHS AND NEEDS OF THE LEARNER

Indicate the strengths and needs of the learner by completing the sections below.

### 2.1 Communication:

- The learner's ability to understand what other people are saying as well as to express him/herself in a way that other people understand – receptive and expressive language

Strengths	Needs/At risk factors	Support needed

### 2.2 Learning:

- The learner's ability to participate satisfactorily on grade level regarding subject content and assessment

Strengths	Needs/At risk factors	Support needed

### 2.3 Behaviour and social competence:

- The learner's ability to interact and work with other learners, as well as follow classroom routines

Strengths	Needs/At risk factors	Support needed

### 2.4 Classroom and school:

- Factors within the classroom and school environment (policies, ethos, attitudes, skills, resources, safety, etc.) that are impacting on the learner's effective participation in the learning process and programmes offered at the school

Strengths	Needs/At risk factors	Support needed

## 2.5 Family, home and community situation:

- Factors that may be impacting on the learner's ability to achieve satisfactorily at school (e.g. family structure, family stability, biological parents, siblings, other significant adults, orphan, child-headed household, number of schools attended, homeless, in foster care, refugee, immigrant, substance abuse, domestic violence, divorce, neglect, disabled/ill parents, poverty-stricken home background)

Strengths	Needs/At risk factors	Support needed

## 3. TEACHER INTERVENTIONS/SUPPORT

### 3.1 Curriculum Intervention:

*What curriculum interventions have you as teacher implemented to address your concerns?*

3.1.1 *Comment on/explain how the **curriculum content has been differentiated**, e.g. taking into account that every learner should have access to the grade level teaching and assessment best suited to his/her needs. Have the learner's needs been met by a differentiated curriculum? Have the learner's abilities determined what is expected of him/her without discrimination? Etc.*

Successes	Challenges

3.1.2 *Comment on how **teaching methods** have been adapted/differentiated, e.g. how classroom management has been changed to accommodate learners working at different levels of knowledge; how activities have been modified to ensure that they are meaningful; how a range of graded materials has been used (how material has been modified to allow for a learner's disability, for instance); how the presentation has been modified (e.g. by using pictures/pictures with descriptions/explanations, etc.)*

Successes	Challenges

3.1.3 Comment on how the **assessment** has been modified, e.g. by organising the learner's tasks, using different methods of assessment, without compromising the curriculum standards.

Successes	Challenges

**3.2 What interventions have you as a teacher implemented in the learning environment (classroom/school) to address your observations and concerns about the learner?**

*Comment, for example, on how the following have been modified: classroom management (e.g. culture/class rules/attitudes/awareness of disabilities); playground management, e.g. buddy system.*

Successes	Challenges

**3.3 Comment on how the physical environment has been modified/adapted**

*E.g. the seating arrangement of the learner has been changed to limit distractions, use of flexible grouping(s) to accommodate learner, the environment has been made wheelchair-friendly.*

Successes	Challenges

**3.4 Any additional comments that you want to make about the barrier(s) to learning experienced by the learner, the support/interventions provided and continuing challenges that are experienced.**

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**3.5 What additional support/intervention do you as a teacher require from the School-based Support Team (skills, resources, knowledge about curriculum differentiation (both in teaching and assessing))?**

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**3.6 Schedule/Log of consultation(s) with: Parent/Legal Guardian/Caregiver/Learner himself or herself.**

Date	Purpose	Outcome

**3.7 Views expressed by Parent/Legal Guardian/Caregiver/Learner during the consultation(s):**

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Role player	Initials and surname of person (print)	Signature	Date
Teacher/ Manager			20... / ... / ...
Parent/Legal Caregiver			20... / ... / ...
Learner (if applicable)			20... / ... / ...

## SNA 2: ASSESSMENT AND INTERVENTION BY SCHOOL-BASED SUPPORT TEAM (SBST)

*To be completed by the SBST in consultation with the teacher*

- *To be completed when requesting support from the DBST by the school*

<b>1. REVIEW</b>			
SBST reviews the information provided by the teacher: Section 1, supporting documents, verbal reporting.			
<b>1.1 Does the SBST agree with the teacher’s identification of the learner’s barrier(s) to learning, strengths and needs/challenges? If not, provide comments:</b>			
YES		NO	Comments:

<b>1.2 Does the SBST agree with the teacher’s support to deal with the barrier(s) to learning? If not, provide comments or suggest alternative support:</b>			
YES		NO	Comments:



**2. SUMMARY OF IDENTIFIED BARRIERS TO LEARNING AND SUPPORT THAT WAS/ IS/WILL BE PROVIDED BY SBST**


**3. INDIVIDUAL SUPPORT PLAN (COMPLETED BY CLASS TEACHER AND SBST)**

List the area(s) in which the support needs to be provided: Communication; Learning; Behaviour and social competence; Health, Wellness and personal care; Classroom and school; Family, home and community; Teacher development/ training, etc. (See SNA1)

Area(s) in which support is needed	Target to be achieved	Strategy of intervention <i>(If the learner needs concessions, or is an immigrant who needs exemptions, use Annexure B If a medical condition must be investigated by a medical or other specialist, use Annexure D)</i>	Responsible person	Time frame	Review date (to assess achievement of the target)	Comment on progress made in achieving target(s)
<i>E.g. Behaviour and social competence</i>	<i>Stop bullying behaviour</i>	<ul style="list-style-type: none"> <li>• <i>Assign a mentor teacher to support learner</i></li> <li>• <i>Raise awareness during assembly</i></li> <li>• <i>Review school conduct policy</i></li> <li>• <i>Call in the parent/legal caregivers</i></li> </ul>	<i>Principal</i>	<i>Within a week</i>	<i>15 April 20...</i>	

## REQUEST FOR SUPPORT FROM THE DISTRICT-BASED SUPPORT TEAM (DBST), BY SBST

- To be completed by the SBST only when requesting support from the DBST
- Copies of Learner Profile, SNA1 and 2 and all other relevant supporting documents must be submitted.

Provide reasons and motivation why support is needed from the DBST:


State what support is needed from the DBST:


Initials and surname of SBST Coordinator (print)	Signature	Date:
		20... / ... / ...

PARENT/LEGAL CAREGIVER SUPPORT REQUEST FOR DBST ASSISTANCE		Yes	No
Comment:			
Initials and surname of parent/legal caregiver (print)	Signature	Date:	
		20... / ... / ...	

PRINCIPAL'S PROFESSIONAL JUDGEMENT ON REQUEST FOR SUPPORT FROM DBST			
Request supported	Yes	No	
Reason for decision and recommendation			
Initials and surname of principal (print)	Signature	Date:	
		20... / ... / ...	

\*Attach this form in front of the SNA 1 and 2 booklet when submitting to the DBST





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