

# AE CONFERENCE MEETING PRIOR TO PLACEMENT

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This form is used at the meeting convened by either the AE School Contact person or NETS or Ministry or TCS personnel.  
May 2011 version

Student \_\_\_\_\_

Enter here at end of meeting

Preferred AE Provider \_\_\_\_\_

Date sent to provider \_\_\_\_\_

## Interests

Favourite TV shows and/or DVDs

Music      Art      Graphic design      Gaming      Reading      Sports  
 Kapahaka      Pasifika events      Performance      Marae events      Swimming  
 Community service      Photography      Animals      Pets

## Living arrangements

Student living with       Caregiver  Mother  Father  Grandmother  Grandfather  Other

Others living at home

Current home situation

## Student Health information

Current medication	
Past medication	
Smoker-yes/no	Occasional Daily
Alcohol-yes/no	Occasional Daily
Drugs-yes/no	Occasional Daily
Fitness	<input type="checkbox"/> very fit <input type="checkbox"/> fit <input type="checkbox"/> unfit <input type="checkbox"/> daily exercise <input type="checkbox"/> weekly exercise
Overall health rating	<input type="checkbox"/> Poor health <input type="checkbox"/> good health <input type="checkbox"/> very good health <input type="checkbox"/> excellent health

## Subjects/Learning Areas

Subjects/Learning Areas	Ability	Motivation	Comment
English			
Te Reo			
Language(s)			
Maths			
Science			
The Arts			
Music Listening			
Music Creating			
Social studies			
History			
Geography			
Technology-materials			
Building			
Auto			
Electronics			
Design			
Physical Education			
Camp			
Outdoor Education/Recreation			

## GOAL(S)

What do you want to be doing when you are 20?

## Support team

Caregiver	Address	Phone numbers

Mother's name (if different from caregiver)		Father's name (if different from caregiver)	
Address (if different from caregiver)		Address (if different from caregiver)	
Phone number		Phone number	

### Agencies involved with student: eg TTS, CYPs

Agency name	Phone	Key worker	Status

Emergency contact name & phone number (if different from caregiver)

Conference meeting held on...

Present were....


Preferred meeting days and times

## Attachments

- IEP
- RTLB support statements
- Learning attributes
- Achievements to date
- Evidence of tagged funding
- Learning needs analysis
- Attendance record
- Risk factors
- Other

Add provider name to page 1