

“LIFE SO FAR”

STUDENT’S NAME: _____

Insert Photo in box

PLEASE RETURN THIS FORM AS AN ATTACHEMENT VIA REPLY EMAIL

TO: Dawn-louise.Goodall@education.wa.edu.au

One copy will be retained in student services, a copy will be kept by the principal and one given to your son or daughter’s mentor teacher.

PLEASE GLUE

PHOTO SPACE

1. Educational History (include any learning difficulties or diagnosed learning disabilities)

2. Family History/Matters

3. Personality (Strengths and areas of weakness)

4. Physical and Mental Health

5. Past achievements and future aspirations

6. Additional Comments
