**Sample**

RESTRICTED

# School Summary of Support for Student (20 / School Year)

|  |  |
| --- | --- |
| Name of Student: | Class: |
| The major support provided for the above student from (month/year) to (month/year) is as follows: | |

|  |  |
| --- | --- |
| (I) | In-class support |
|  |  |
| (II) | Support outside classroom (e.g. academic, social, adjustment support) |
|  | Name of group: |
|  | Support/Training focus: |
|  | Details: Starting from , \_ session(s) per week, minutes per session, session(s) in total |
|  | Name of group: |
|  | Support/Training focus: |
|  | Details: Starting from , session(s) per week, minutes per session, session(s) in total |
| (III) | Homework accommodation (Subject teacher(s) will contact parent(s) for specific arrangements) |
|  | Subject(s): |
|  | Details: |
| (IV) | Assessment accommodation |
|  |  |
| (V) | Complement by parent(s) |
|  |  |
| (VI) | Remark(s) |

A copy to be kept by the parent(s)