

LEARNING ASSISTANCE PROGRAMME COORDINATOR'S CHECK LIST

NAME OF STUDENT _____

YEAR LEVEL _____ HOME GROUP/CLASS _____

REFERRED BY _____

NAME OF VOLUNTEER _____

DAY AND TIME OF SESSION _____

STUDENT DETAILS

Introduce LAP to student _____

Student Referral Forms to Head of School _____

Signed and Returned _____

Parent of Student contacted by: _____

Coordinator (Verbally) _____

Class Teacher (Verbally) _____

Letter/Consent form forwarded to parents _____

Consent received _____

TEACHING STAFF DETAILS

Times negotiated with referring teacher _____

Planning meeting with referring teacher held _____

Class/Home Group Teacher advised of starting date _____

Staff feed back sheet distributed (end of Year only) _____

VOLUNTEER DETAILS – PERSONAL HISTORY

Volunteer Details Form distributed _____

Personal History Information Form completed and submitted to Principal for Police Check
procedures to be undertaken _____

Personal Identification verified _____

Referees contacted _____

Forms submitted to Principal/Head of School _____

Signed and returned _____

VOLUNTEER INDUCTION

Volunteer accepted for LAP _____

Information Package prepared and distributed - including school requirements, Privacy,
Occupational Health and Safety and Child Protection/Mandatory Notification details _____

'LAP' Volunteer's Care badge presented to volunteer _____

Record Keeping folder prepared _____

Induction and orientation completed _____

Initial planning session with volunteer held _____

LAP PLAN completed _____

GENERAL ADMINISTRATION

Student /Volunteer details entered in absentee book _____

Completed Student/Volunteer/Coordinator's forms placed in central LAP files _____

Student/Volunteer Details entered on LAP timetable _____

NOTES
