**Student Support Checklist**

### **Student Support Checklist Instructions**

This checklist is designed to help boarding tutors identify and address student support needs. Complete this form for any student who may require additional support or monitoring.  
Important:This is a working document that should be updated regularly as the student's needs change or as interventions are implemented.

# **Student Support Checklist**

Student InformationStudent Name:Year Group/Grade:Boarding House:Boarding Tutor Name:Assessment Date:Next Review Date:  
Academic Support NeedsAcademic PerformanceOverall academic performance:StrugglingBelow AverageAverageAbove AverageExcellentDifficulty completing homework/assignmentsPoor organization or time managementDifficulty concentrating during study timeSpecific subject area strugglesSubject-specific concerns:Diagnosed learning differencesLearning differences details:Academic Support Plan:  
Social and Emotional WellbeingSocial IntegrationSocial integration with peers:Very PoorPoorAdequateGoodExcellentSigns of social isolation or withdrawalFrequent conflicts with peersDifficulty forming or maintaining friendshipsSocial interaction notes:Emotional WellbeingOverall emotional wellbeing:ConcerningPoorAdequateGoodExcellentSignificant mood changes or mood swingsSigns of anxiety or excessive worryPersistent low mood or sadnessSignificant homesicknessSigns of stress or being overwhelmedEmotional wellbeing notes:Social and Emotional Support Plan:  
Behavioral ConsiderationsFrequent rule-breaking or boundary testingDisruptive behavior during study timeVerbal or physical aggressionWithdrawal from activities or responsibilitiesResistance to routines or schedulesBehavioral notes:Behavioral Support Plan:  
Physical Health and Self-CareSleep difficulties or irregular sleep patternsEating concerns or irregular eating habitsPoor personal hygiene or self-careFrequent physical complaints (headaches, stomachaches, etc.)Ongoing medical conditions requiring monitoringHealth and self-care notes:Health and Self-Care Support Plan:  
Cultural and Transition SupportLanguage barriers or communication difficultiesCultural adjustment challengesNew student requiring transition supportSpecific cultural practices requiring accommodationCultural and transition notes:Cultural and Transition Support Plan:  
Communication and CollaborationKey StakeholdersParent/Guardian Communication Plan:Staff Collaboration Plan:External Support Services:  
Progress MonitoringSuccess Indicators:Monitoring Plan:Review Schedule:  
Additional NotesAny Other Relevant Information:  
CompletionChecklist Completed By:Date Completed:Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Boarding Tutor Reference Guide | Student Support Checklist | Page 1 of 1This checklist should be reviewed and updated regularly as part of the student's ongoing support plan.

## **Student Information**

Student Name:  
Year Group/Grade:  
Boarding House:  
Boarding Tutor Name:  
Assessment Date:  
Next Review Date:

## **Academic Support Needs**

Academic PerformanceOverall academic performance:StrugglingBelow AverageAverageAbove AverageExcellentDifficulty completing homework/assignmentsPoor organization or time managementDifficulty concentrating during study timeSpecific subject area strugglesSubject-specific concerns:Diagnosed learning differencesLearning differences details:  
Academic Support Plan:

### **Academic Performance**

Overall academic performance:StrugglingBelow AverageAverageAbove AverageExcellent  
Difficulty completing homework/assignments  
Poor organization or time management  
Difficulty concentrating during study time  
Specific subject area struggles  
Subject-specific concerns:  
Diagnosed learning differences  
Learning differences details:

## **Social and Emotional Wellbeing**

Social IntegrationSocial integration with peers:Very PoorPoorAdequateGoodExcellentSigns of social isolation or withdrawalFrequent conflicts with peersDifficulty forming or maintaining friendshipsSocial interaction notes:  
Emotional WellbeingOverall emotional wellbeing:ConcerningPoorAdequateGoodExcellentSignificant mood changes or mood swingsSigns of anxiety or excessive worryPersistent low mood or sadnessSignificant homesicknessSigns of stress or being overwhelmedEmotional wellbeing notes:  
Social and Emotional Support Plan:

### **Social Integration**

Social integration with peers:Very PoorPoorAdequateGoodExcellent  
Signs of social isolation or withdrawal  
Frequent conflicts with peers  
Difficulty forming or maintaining friendships  
Social interaction notes:

### **Emotional Wellbeing**

Overall emotional wellbeing:ConcerningPoorAdequateGoodExcellent  
Significant mood changes or mood swings  
Signs of anxiety or excessive worry  
Persistent low mood or sadness  
Significant homesickness  
Signs of stress or being overwhelmed  
Emotional wellbeing notes:

## **Behavioral Considerations**

Frequent rule-breaking or boundary testingDisruptive behavior during study timeVerbal or physical aggressionWithdrawal from activities or responsibilitiesResistance to routines or schedulesBehavioral notes:  
Behavioral Support Plan:

## **Physical Health and Self-Care**

Sleep difficulties or irregular sleep patternsEating concerns or irregular eating habitsPoor personal hygiene or self-careFrequent physical complaints (headaches, stomachaches, etc.)Ongoing medical conditions requiring monitoringHealth and self-care notes:  
Health and Self-Care Support Plan:

## **Cultural and Transition Support**

Language barriers or communication difficultiesCultural adjustment challengesNew student requiring transition supportSpecific cultural practices requiring accommodationCultural and transition notes:  
Cultural and Transition Support Plan:

## **Communication and Collaboration**

Key StakeholdersParent/Guardian Communication Plan:Staff Collaboration Plan:External Support Services:

### **Key Stakeholders**

Parent/Guardian Communication Plan:  
Staff Collaboration Plan:  
External Support Services:

## **Progress Monitoring**

Success Indicators:  
Monitoring Plan:  
Review Schedule:

## **Additional Notes**

Any Other Relevant Information:

## **Completion**

Checklist Completed By:  
Date Completed:  
Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_