

**SPORTS ACADEMY PROGRAM APPLICATION FORM
SCHOOL ASSESSMENT FORM**

Note: This page must be filled in and stamped by your current school and returned to you to include with your online application. Alternatively, if preferred, the school can complete, stamp and return the form directly to HSHS via the email address below.

STUDENT'S NAME: _____ **SPORT:** _____

CURRENT SCHOOL: _____ **CURRENT YEAR:** _____

TEACHER'S RECOMMENDATION: (comment on attendance, attitude, behaviour and effort)

Circle the appropriate description for the student:

ATTENDANCE	Less than 5 days absent per year	Between 5-15 days absent per year	Between 15-30 days absent per year	Greater than 30 days absent per year
BEHAVIOUR	Always well-behaved	Mostly well-behaved	Sometimes well-behaved	Rarely well-behaved
PUNCTUALITY	Always on time	Mostly on time	Sometimes on time	Rarely on time
ATTITUDE	Always cooperative	Mostly cooperative	Sometimes cooperative	Rarely cooperative
UNIFORM	Always wears uniform	Mostly wears uniform	Sometimes wears uniform	Rarely wears uniform

NAPLAN	READING	WRITING	SPELLING	GRAMMAR/ PUNCTUATION	NUMERACY
Use guide below					

E: Exceeding S: Strong D: Developing N: Needs additional support
(Please provide results for most recent NAPLAN testing)

SCHOOL ACHIEVEMENTS: (which demonstrate the student's involvement and participation in educational, cultural, and social activities at the school)

In order for us to assist your student to achieve academic outcomes we need to be aware of the resources they will require if any of the following apply:

- Has the student needed support for literacy or numeracy? **YES/NO**
- Has the student been diagnosed with any physical or sensory disability that could effect their learning, such as hearing impairment, speech impairment or vision impairment? **YES/NO**
- Has the student been diagnosed with a condition, such as ADHD, ODD, Autism Spectrum Disorder, anxiety, depression or similar? (Please specify below) **YES/NO**
- Has the student had assistance from the support teacher for behaviour? **YES/NO**
- Has the student been suspended or expelled from any school? **YES/NO**
- Does the student have a Risk Assessment, Individual Learning Plan, Behaviour Management Plan, Personalised Learning Plan or Health Care Plan? If so, please attach. **YES/NO**
- Does the student identify as Aboriginal/Torres Strait Islander? **YES/NO**

If you have answered yes to any of the questions above, please explain the circumstances:

Principal's Name

Principal's Signature

School Stamp

Date