

HUNTER SPORTS HIGH SCHOOL TALENTED SPORTS 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 in your application*

STUDENT'S NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Circle the appropriate description for the student.

<b>ATTENDANCE</b>	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
<b>BEHAVIOUR</b>	Always well-behaved	Mostly well-behaved	Sometimes well-behaved	Rarely well-behaved
<b>PUNCTUALITY</b>	Always on time	Mostly on time	Sometimes on time	Rarely on time
<b>ATTITUDE</b>	Always cooperative	Mostly cooperative	Sometimes cooperative	Rarely cooperative
<b>UNIFORM</b>	Always wears uniform	Mostly wears correct uniform	Sometimes wears correct uniform	Rarely wears correct uniform

<b>NAPLAN</b>	<b>Reading</b>	<b>Writing</b>	<b>Spelling</b>	<b>Grammar/Punctuation</b>	<b>Numeracy</b>
<b>Results in bands</b>					

*(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
- Is the student capable of following an Individual Learning Plan 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

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

\_\_\_\_\_

\_\_\_\_\_

Principal's Name

Principal's Signature

School Stamp

Date