



**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)

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**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>	Consistently well-behaved	Usually well-behaved	Sometimes well-behaved	Rarely well-behaved
<b>PUNCTUALITY</b>	Consistently on time	Usually on time	Sometimes on time	Rarely on time
<b>ATTITUDE</b>	Consistently cooperative	Usually cooperative	Sometimes cooperative	Rarely cooperative
<b>UNIFORM</b>	Consistently wears uniform	Usually wears uniform	Sometimes wears uniform	Rarely wears uniform

<b>NAPLAN</b>	<b>READING</b>	<b>WRITING</b>	<b>SPELLING</b>	<b>GRAMMAR/PUNCTUATION</b>	<b>NUMERACY</b>
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)

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**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:**

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**Principal's Name                      Principal's Signature                      School Stamp                      Date**