

BOARDING PROGRAM

School Profile — From Previous School

Previous Schooling – To be completed by staff from the student’s most recent school

Name of Student Date of Birth
(As on Birth Certificate)

Name of School Final date of Enrolment

Year level or type of course undertaken

Quick Assessment

Please tick the boxes of the following to reflect the most accurate

	Very good	Good	Has difficulty	Poor		Very good	Good	Has difficulty	Poor
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude to Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation & Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour towards staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behaviour towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Numeracy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What mainstream year level would you judge this student to have attained?

What ACARA EAL/D Phase of Learning is the student in for the four ESL strands below?

B = Beginning E = Emerging D = Developing C = Consolidating

Listening Speaking Reading Writing

Please list this student’s strengths

Please list this student’s weaknesses

Do you believe that this student will be suitable to place in a family group home, a boarding situation with up to 11 other indigenous students and 2 house parents

Yes No

Please explain:

To the best of your knowledge, does this student require additional support to cater for their needs? If yes, please indicate below, by placing a tick in the appropriate boxes:

Literacy Numeracy Gifted/Talented Social/Emotional Disability Other

If Other, please specify

Please share anything else that you think we should be aware of when considering this student's application:

Completed by:

Signature

Name

Position

Contact Phone number

Date

Please attach a copy of the most recent of each of the following:

Academic Reports

NTCF ESL Assessment

Boarding Report (if available)