

## 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)