

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Selected High School Region: \_\_\_\_\_ Selected High School: \_\_\_\_\_

(tick, highlight and complete the forms as appropriate – any field listed as “OASIS” can be ignored)

Student Profile	Academic Profile	Support Profile	Issues/Comments
<b>Background:</b> Country of Birth: <input type="text" value="Auto-entered by OASIS"/> Language Spoken at Home: <input type="text" value="Auto-entered by OASIS"/> Nationality: <input type="text" value="Auto-entered by OASIS"/> Religious Instruction: <input type="text" value="Auto-entered by OASIS"/> Interpreter Req'd: <input type="text" value="YES / NO"/> for Parents or Student Aboriginal or Torres Strait Islander?: <input type="text" value="OASIS"/>		Only tick these if the student shows strong talent <b>Gifted and/or Talented Categories:</b> <input type="checkbox"/> Team Sports <input type="checkbox"/> Swimming <input type="checkbox"/> Athletics <input type="checkbox"/> PSSA Region/State <input type="checkbox"/> Leadership <input type="checkbox"/> Public Speaking <input type="checkbox"/> Computers <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Drama <input type="checkbox"/> Visual Arts	
Roll Class: <input type="text" value="Auto-entered by OASIS"/> Primary School Teacher's Name: <input type="text"/>		Attendance at Primary School: <input type="text"/> Number of Primary Schools Attended (from Student Record Card): <input type="text"/>	

**Attendance Notes:** (highlight the appropriate option)  
*Explained* means unsatisfactory attendance, but covered by parent notes  
*Unexplained* means unsatisfactory attendance, without parent explanation

- Excellent
- Satisfactory
- Explained
- Unexplained
- HSLO Involvement

Student Profile	Academic Profile	Support Profile	Issues/Comments
<b>English/Literacy/Writing/Reading:</b> English Achievement: <input type="text"/> Year 3 NAPLAN Literacy Band: <input type="text"/> Year 5 NAPLAN Literacy Band: <input type="text"/> Year 3 NAPLAN Writing Band: <input type="text"/> Year 5 NAPLAN Writing Band: <input type="text"/> Year 3 NAPLAN Reading Band: <input type="text"/> Year 5 NAPLAN Reading Band: <input type="text"/>		<b>ESL Phase (if applicable):</b> ESL Phase: <input type="text"/> Date of Arrival in Australia: / / LOTE Studied in Primary School: <input type="text"/>	
<b>Mathematics:</b> Maths Achievement: <input type="text"/> Year 3 NAPLAN Numeracy Band: <input type="text"/> Year 5 NAPLAN Numeracy Band: <input type="text"/> Scheduled Early Number Assessment (SENA): <input type="text"/>		<b>Behaviour/Attitude:</b> Classroom Behaviour: <input type="text"/> Playground Behaviour: <input type="text"/> Independent Worker? <input type="text" value="Y / N"/>	

Range: 1 to 8

Ranges: 1 to 6

- NAP
- Phase 1
- Phase 2
- Phase 3

- Needs Supervision
- Good
- Excellent

- Achieved Stage 4
- Progressing Towards S4
- Achieved Stage 3
- Progressing Towards S3
- Achieved Stage 2
- Progressing Towards S2
- Achieved Stage 1
- Progressing Towards S1
- Early Stage 1
- Individual Education Prg

- Achieved Stage 4
- Progressing Towards S4
- Achieved Stage 3
- Progressing Towards S3
- Achieved Stage 2
- Progressing Towards S2
- Achieved Stage 1
- Progressing Towards S1
- Early Stage 1
- Individual Education Prg

- Emergent
- Perceptual
- Figurative
- Counting On
- Fascile

- Needs Supervision
- Good
- Excellent

Student Profile	Academic Profile	Support Profile	Issues/Comments
<p><b>Guidance:</b></p> <input type="checkbox"/> Guidance File Guidance File Number: <input type="text"/>	<p><b>Diagnosed Disorders:</b></p> <input type="checkbox"/> Attention Deficit <input type="checkbox"/> Attention Deficit/Hyperactivity <input type="checkbox"/> Autism/Aspergers <input type="checkbox"/> Mental Health <input type="checkbox"/> Mild Intellectual Disability <input type="checkbox"/> Moderate Intellectual Disability <input type="checkbox"/> Severe Intellectual Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Vision Disability <input type="checkbox"/> Hearing Disability <input type="checkbox"/> Language Disability	<p><b>Itinerant Support:</b></p> <input type="checkbox"/> Hearing <input type="checkbox"/> Language <input type="checkbox"/> Vision <input type="checkbox"/> Behaviour <input type="checkbox"/> Integration Last Year of Itinerant Support: <input type="text"/>	
<p><b>Health Issues:</b></p> <input type="checkbox"/> On Medication <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergy(s) <input type="checkbox"/> Anaphylactic Allergy(s)	<p><b>Special Placements:</b></p> <input type="checkbox"/> Reading <input type="checkbox"/> Language <input type="checkbox"/> IM/IO <input type="checkbox"/> ED <input type="checkbox"/> Physical <input type="checkbox"/> Other	<p><b>In-School Support:</b></p> <input type="checkbox"/> Learning Support Team <input type="checkbox"/> Funding Support <input type="checkbox"/> School Behaviour Modification <input type="checkbox"/> Support Teacher Learning Difficulties <input type="checkbox"/> School Counsellor	
<p><b>Access Issues:</b></p> <input type="checkbox"/> Wheelchair/Walker <i>Select all that apply</i>		<p><b>Therapy:</b></p> <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Other Agency	

PLEASE INCLUDE SOME COMMENTS ABOUT THIS STUDENT TO ASSIST WITH HIGH SCHOOL TRANSITION. ALSO ELABORATE ON ANY SELECTED GIFTED AND/OR TALENTED CATEGORIES AND ANY LEARNING RECOMMENDATIONS.

**General Comments (350 characters max.) :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**An Interview** with the Year 6 Teacher about this student is recommended to the High School: **YES / NO** (circle one)

Data Collected by: \_\_\_\_\_

Data Entered by: \_\_\_\_\_

Date Collected: \_\_\_\_\_

Date Entered: \_\_\_\_\_

(blank forms should be photocopied back to back so forms are on one sheet of paper)