

TEACHER REFERRAL FORM

Confidential

Full Name of Student: _____

Student/Parent Mailing Address: _____

Student/Parent Telephone: _____ Email: _____

Current School: _____

(To be completed by the student's current grade 6 teacher, or if more appropriate, the student's former grade 5 teacher).

Please indicate the degree to which you believe the student demonstrates the following behaviours:

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgement
Academic potential						
Academic achievement						
Intellectual curiosity						
Effort/Determination						
Ability to work independently						
Organisation						
Creativity						
Willingness to take intellectual risks						
Concern for others						
Honest/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respected by peers						
Emotional stability						
Overall evaluation as a person						
Overall evaluation as a student						
Attendance record						
Respect towards others						
How well does this student accept criticism						

Teacher's Name: _____ Email: _____

Grade(s) that I taught this student: _____

Contact phone number: _____

How long have you known this child? _____

Teacher's Signature: _____ Date: _____

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Student Name: _____

If the student is relatively weak or strong in any areas listed on the previous page, please elaborate.

Please list additional information which highlights the student's academic strengths and weaknesses, character, citizenship and contributions to your community which may be relevant in determining this child's suitability for a SEALP program.

Attention: Andrew Hallett, "Transition Leader" - Confidential

Please return to: **Brauer College, PO Box 676, Warrnambool 3280**
or email: transition@brauer.vic.edu.au.

Teacher's Signature: _____

Date: _____