



Bowden Brompton Community School

POTENTIAL STUDENT INFORMATION FORM

BBCS staff initiating Potential student process:
On behalf of:
Date:
Student name:
Year level:
Potential campus:
Name of Enrolled school staff member completing form:
Position:
Date:
Current Enrolled School:

Please complete the Potential Students Information Form with as much detail as possible and email back to Head of Campus. Upon receiving this document BBCS will review the information and after a selection process schedule an appointment.

Please include EDSAS attendance and behaviour management data for the previous 12 months. **This information is required prior to an interview commencing.**

If documents are of a sensitive nature, please indicate on the form or notify us.

Completion of this form or an interview does not guarantee an enrolment at Bowden Brompton Community School. Once the parent/carer and student agree that BBCS is the best educational option they are to inform the Head of Campus (HOC) who will consult with the school's leadership team and Behaviour Support Coach. The school will then contact parents/carer to inform them of induction dates.

Student may undergo a 4-week trial before enrolment, this is to ensure the student will attend the school regularly and is willing to commit to the school programs and the school code of conduct.

Required completion:

BBCS will charge the school of origin four TRT days to support student induction and transition TRT days invoiced to the enrolled school will be charged on a pro-rata basis if the transition is not successful for whatever reason.

The enrolment is finalised subject to the successful trial.

I
acknowledge the above information.

(Principal or delegate of enrolled school)

(signature)

(date)

Please note this electronic form contains drop down menus and free text areas. To access drop down menus, double click on the grey areas and select response. Free text areas can be typed into as indicated.

Please direct enquires to Head of Campus:

through Bowden Brompton Community School.

[Government of SA Information Sharing Guidelines](#)

Completed by:

Date:

Bowden Brompton Community School

Potential Student Information



Government of South Australia
Department for Education

SCHOOL CONTACT		
Current School:	Contact:	Ph:
Partnership:	Role :	Email/FAX:

STUDENT INFORMATION									
Name:					M/F/Other:				
DOB:					Age:		Year level:		
PH :									
Address:									
EDID:					Priority	Child in care	ATSI	DCP	Mental Health
STUDENT NEEDS									
IESP Category					IESP review date				
IESP Level									
NCCD category	Physical	Cognitive	Sensory	Social and Emotional	NCCD level of adjustment	QDTP	Supplementary	Substantial	Extensive
OCOP	Yes		No		Adjustments to achievement standards	English		Maths	
Current NDIS funding	Yes		No						

PARENT CAREGIVER DETAILS		
	M H W	Address: Post Code:
Relationship:		
	M H W	Address : Post Code:
Relationship:		

ADDITIONAL EMERGENCY CONTACTS		
Name:	M:	Relationship:
Name:	M:	Relationship:

SUPPORT AND SERVICES DETAILS			
Behaviour Support Educator:	Name:	Phone:	Email:
Inclusive Educator	Name:	Phone:	Email:
Social work – truancy	Name:	Phone:	Email:
Psychologist	Name:	Phone:	Email:
Aboriginal engagement officers	Name:	Phone:	Email:
ENU/HEI	Name:	Phone:	Email:

ADDITIONAL NEEDS (detail support strategies if required)	
ASD	
ADHD	
Dyslexia	
Dyspraxia	
Anxiety	
Depression	
Intellectual	
Other	

CURRICULUM				
Overall Pattern of Achievement				
Recent Grades (Term/Semester) In particular English and Maths				
Literacy & Numeracy				
Recent NAPLAN Reading	<input type="checkbox"/> Below		<input type="checkbox"/> Level With	
			<input type="checkbox"/> Above Benchmark	
Recent NAPLAN Writing	<input type="checkbox"/> Below		<input type="checkbox"/> Level With	
			<input type="checkbox"/> Above Benchmark	
Recent NAPLAN Language convection	<input type="checkbox"/> Below		<input type="checkbox"/> Level With	
			<input type="checkbox"/> Above Benchmark	
Recent NAPLAN Maths	<input type="checkbox"/> Below		<input type="checkbox"/> Level With	
			<input type="checkbox"/> Above Benchmark	
Recent PAT Maths	Test number		Scale score	
Recent PAT Reading	Test number		Scale score	
Comment on strengths and areas for development				

Other Levels in Literacy and Numeracy determined through and other relevant testing by school of guidance officer
Details of Current Educational Program (duration, frequency, support level)

POSITIVES / ACADEMIC STRENGTHS/ CHARCATER STRENGTHS HOBBIES / FAVOURITE SUBJECT

BRIEF CASE HISTORY (including barriers to learning)

ACCOMMODATIONS	
Accommodations required for transition into new class or school (if appropriate)	
School entry time	
Recess and lunch	
Transitions	
School events (onsite)	
School events (offsite)	
Sensory/emotional/wellbeing breaks	
Food and drink	
Written tasks	
Technology	
Motivation to learn	

OUT OF SCHOOL AGENCIES INVOLVED			
AGENT/ SERVICE	CONTACT	COMMENTS/ ASSESSMENT REPORTS AVAILABLE	SERVICE PROVIDED ON SITE AT SCHOOL
CAMHS			
Families SA			
Autism SA			
Hospitals			
Psychiatrist / Psychologist			
Physiotherapist			
Counsellor			
Speech Pathology			
Occupational Therapy			
Mentor			
Other			

MEDICAL, PSYCHIATRIC OR PHYSICAL CONDITIONS:		
CONDITON	MEDICATION	DR OR PSYCH
Is there a current Health Care Plan?	Date:	

PREVIOUS SCHOOLS ATTENDED (Last 2 years)		
SCHOOL		DATE
EXCLUSIONS / SUSPENSIONS		
DATE	REASON	PLACEMENT

ESSENTIAL BEHAVIOUR ISSUES					
Please indicate the behaviours of the student and describe them in order of concern					
Attendance	Number of days absent in the last 12 months:				
Comment:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Peers:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Teachers:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Emotions/ Social Issues:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Verbal Aggression:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Physical Aggression:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Medication:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Illicit Drugs/ Substance Abuse:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Police Issues / Legal Obligations:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A

ADDITIONAL BEHAVIOUR ISSUES					
Depression:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Self-Injurious Behaviour / Suicidal Ideation:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Domestic Violence:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Absconding:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Bizarre or Unusual Behaviour:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Agitation / Anxiety:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Moods:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A
Other:					
<input type="checkbox"/> Not concerned	<input type="checkbox"/> Rarely an issue	<input type="checkbox"/> Sometimes an issue	<input type="checkbox"/> Frequently an issue	<input type="checkbox"/> Ongoing/ current issue	<input type="checkbox"/> N/A

OVERVIEW	
Current strengths and skills	
Current interests	
Preferred strategies for helping return to calm state	
Know distress triggers	
Long term goal	

ADDITIONAL COMMENTS
PARENT / CARER COMMENTS