

POTENTIAL STUDENT INFORMATION FORM

BBCS staff initiating the Potential Student process (PSIF):

On behalf of:

Date:

Required by:

Name of Enrolled school staff member completing the Potential Student Information Form (PSIF)

Name:

Position:

Date:

Please complete the PSIF with as much detail as possible and email back to BBCS. BBCS will review the information and after a selection process schedule an appointment in regard to potential student upon receiving this document. 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 this form and bring to interview.

The interview does not guarantee an enrolment at BBCS. 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 & Behaviour Coach. At this point the HOC or delegate will contact the Behaviour Coach & parents/carers to inform them of induction dates or whether the student will undergo a 4 week trial at BBCS to ensure the student will attend the school regularly and is willing to commit to the school programs. (Enrolment enquires go to the Head of Campus or you may ring the Principal (Torrens Road campus) to discuss any queries).

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 _____ (Principal or Delegate) have read and agree to all the Terms and Conditions
as

outlined above _____ (Signature) inclusive of the charge.

Government of SA Information Sharing Guidelines

Student name:

Age:

Year level:

Torrens Rd Campus:
Senior School Campus
85A Torrens Road
Brompton SA 5007
Telephone (08) 8346 4041

Beach Campus:
Senior School Campus
181 Beach Road
Christies Downs SA 5164
Telephone (08) 8384 8288

Little Para Campus:
Middle School Campus
55 Downton Ave
Salisbury North SA 5108
Telephone (08) 8285 3109

Integrate Campus:
Year 7-9 Campus
Beafield Education Centre
90 Beafield Road
Para Hills West SA 5096
Telephone (08) 8281 8277

Behaviour Coach/Attendance Officer:

Region:

Phone:

Name of student:

Child in Care:

(If student is guardianship please provide letter)

EDID:

DOB:

Age:

Year Level:

Gender:

ATSI:

School card:

NESB:

Name of Parent / Caregiver:

Address:

Phone numbers:

Home:

Mobile:

Work:

Student mobile number:

Emergency contact person:

Relationship:

Phone numbers:

Home:

Mobile:

Work:

Current school:

School contact person:

Exclusion (current school – date, reason, placement)

ADDITIONAL SUPPORT / FUNDING SALARY

Please note: if there is funding attached to the student you must complete the section below

Any further information regarding Disability / IESP?

IESP *It is highly recommended that the current IESP and other supporting documents are presented at the interview (attach IESP and supporting documents i.e. safety plans)*

Disability:

Level of support:

Date of last IESP review:

One Child One Plan:

Print 'One Child One Plan' and add a copy to the application.

NCCD Broad Category:

Level of Adjustment:

RAAP Funding:

Comments:

Student Risk Management Plan:

Please attach if yes

Other BBCS students known:

CURRICULUM

Overall patterns of achievement
Recent Grades (Term/Semester)

ACARA Outcomes –standard levels across subjects:

SACE or other accredited learning:

SACE PLP:

Favourite subjects / vocational goals:

Literacy and Numeracy

Recent NAPLAN levels (below, level with, or above benchmarks)

Year:

Literacy Level:

Year:

Numeracy Level:

Comments on strengths / areas for development:

Other Levels in Literacy / Numeracy determined through any other relevant testing by school or Guidance Officer:

Brief Case History:

OTHER SERVICES INVOLVED: (Please describe their involvement)

Agent/Services	Contact	Comments/Assessment Reports Available
SIW Coordinators	<input type="checkbox"/>	
Guidance Assessment	<input type="checkbox"/>	
Disabilities	<input type="checkbox"/>	
Speech Pathologist	<input type="checkbox"/>	
Social Worker	<input type="checkbox"/>	
Aboriginal Ed	<input type="checkbox"/>	
Attendance	<input type="checkbox"/>	
Learning Centre	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

OTHER AGENCIES INVOLVED:

Agent/Services	Contact	Comment/Assessment Reports Available
CAMHS	<input type="checkbox"/>	
DCP	<input type="checkbox"/>	
Unit Staff	<input type="checkbox"/>	
Hospitals	<input type="checkbox"/>	
Options Co-ordinator	<input type="checkbox"/>	
ENU - Exceptional Needs Unit	<input type="checkbox"/>	
Psychiatrist / Psychologist	<input type="checkbox"/>	
Physiotherapist	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

MEDICAL, PSYCHIATRIC, or PHYSICAL CONDITIONS:

Condition

Medication

Dr or Psych

Is there a current Health Care Plan?

Date

ATTACH

PREVIOUS SCHOOLS ATTENDED (last 2 years):
School

Date

EXCLUSIONS / SUSPENSIONS:

Date	Reason	Placement

ESSENTIAL BEHAVIOURAL ISSUES: (Please indicate the behaviours of the student and describe them in order of concern)

Attendance

Number of days absent for the last 12 months: _____ **Pleas attach EDSAS report / Attendance Plan**

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Peers

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Teachers

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Emotions / Social issues

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Verbal aggression

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Physical aggression

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Medication

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Illicit drugs / Substance abuse

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Police issues / Legal obligations

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

ADDITIONAL BEHAVIOURAL ISSUES: (Please indicate the behaviours of the student and describe them in order of concern)

Depression

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Self-Injurious Behaviour / Suicide

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Domestic Violence

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Absconding

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Bizarre or Unusual Behaviour

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Agitation / Anxiety

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Moods

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

Other

Not a concern ☐ Rarely an issue ☐ Sometimes an issue ☐ Frequently an issue ☐ Ongoing/current concern ☐ N/A ☐

ADDITIONAL COMMENTS:

PARENT/CARER COMMENTS: