

Select Entry Accelerated Learning Program

Must be accompanied by the following referral forms and your payment of the Test Fee to school office

Applications open Thursday 10th August and close Monday 21st August 2017

(Teacher Referrals must be received by Thursday 31st August 2017)

Parent/Guardian referral form

Student referral form

Grade 5 or 6 teacher referral form

Expression of Interest Form

Full Name of Student: _____

Primary School: _____

Postal Address: _____

Suburb: _____

Post Code: _____

Home phone: _____

Work: _____

Mobile: _____

Email address: _____

Signed: _____
(Parent/ Guardian)

Date: ____ / ____ / ____

**\$60 fee required which partly covers sitting the SEAL Program Test.
"Not Negotiable" cheques should be made out to Warrnambool College.**

PAYMENT METHOD:	Visa	MasterCard	Cheque	Cash
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	CVN:	<input type="text"/> <input type="text"/> <input type="text"/>	
Cardholder's Name:	_____			
Cardholder's Address:	_____			
Cardholder's Signature :	_____			
SEAL Program (Select Entry Accelerated Learning Program) Test Fee			\$	
		Total	\$	
Received by:			Date:	

Parent / Guardian Referral Form

Full Name of Student: _____

Postal Address: _____

Date of Birth: _____

Primary School attended 2016: _____

Grade 6 Teacher: _____

Suburb: _____ Post Code: _____

Home phone: _____ Work: _____ Mobile: _____

Email address: _____

In relation to a typical child in your neighbourhood, please circle a number for each item which best describes your child:

- 5 Has this trait to a high degree
- 4 Has this trait more than a typical child
- 3 Compares with the typical child
- 2 Has this trait less than the typical child
- 1 Lacks this trait

1. Uses a wide vocabulary and expresses her/himself fluently and clearly	5	4	3	2	1
2. Thinks quickly	5	4	3	2	1
3. Recalls facts quickly	5	4	3	2	1
4. Questions how and why things work	5	4	3	2	1
5. Reads avidly	5	4	3	2	1
6. Is imaginative	5	4	3	2	1
7. Persists with challenges	5	4	3	2	1
8. Is independent and self-sufficient	5	4	3	2	1
9. Has a wide range of interests	5	4	3	2	1
10. Has a broad attention span which allows her/him to concentrate on problem solving	5	4	3	2	1
11. Shows initiative	5	4	3	2	1
12. Has interest in the future and/or world events and problems	5	4	3	2	1
13. Follows complex directions	5	4	3	2	1
14. Sets her/himself high goals	5	4	3	2	1

On this page, please add any further comments you wish to make regarding your child's:

- Special accomplishments or talents
- Interests or hobbies
- Special opportunities he / she has had
- Relationships with others
- Special problems or needs
- Any other information which you believe is relevant.

Parent/ Guardian's Further Comments

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Signature: _____

Date: _____

Name: _____

This form should be completed and returned by Monday 21st August 2017 to:
SEAL Coordinator
Warrnambool College
Grafton Road
Warrnambool 3280

Select Entry Accelerated Learning Program

CONFIDENTIAL Teacher Referral Form

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

Full Name of Student:

Current School:

Teacher's Name:

Grade(s) that I taught this student:

Contact phone number at this school:

How long have you known this child?

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

Behaviours	Very High	High	Medium	Low	Very Low
Is an avid reader and selects books at a reading age far above her / his chronological age level.					
Is verbally proficient, has a large and unusually advanced vocabulary.					
Is outstanding at mathematics.					
Demonstrates powers of abstraction and conceptualisation.					
Shows an interest in problem solving and pleasure in intellectual activity.					
Has keen powers of observation and shows a willingness to examine the unusual.					
Demonstrates the ability to think critically.					
Is creative and inventive.					
Has a retentive memory, learns easily and readily and has a quick recall of information.					
Exhibits powers of concentration.					
Displays persistence and goal directed behaviour.					
Is friendly, has the ability to mix well with peers and displays sensitivity to the feelings of others.					
Is a leader and accepts responsibility.					
Adapts readily to new situations.					

Behaviours	Very High	High	Medium	Low	Very Low
<i>Is able to express him/herself fluently and clearly</i>					
<i>Thinks quickly</i>					
<i>Recalls facts quickly</i>					
<i>Questions how and why things work</i>					
<i>Will choose reference books for pleasure, rather than fiction books every time.</i>					
<i>Is imaginative</i>					
<i>Does not give up easily</i>					
<i>Is independent and self sufficient</i>					
<i>Has a wide range of interests</i>					
<i>Has a broad attention span which allows him/her to concentrate on problem solving</i>					
<i>Shows initiative</i>					
<i>Has an interest in the future and/or world events and problems</i>					
<i>Follows complex directions</i>					
<i>Sets him/herself high goals</i>					
<i>Tackles problem solving in logical and imaginative ways</i>					

Please list additional information which highlights the student's academic strengths and weaknesses or which may be relevant in determining this child's suitability for an accelerated program:

Teacher's Signature: Date:

This form should be completed and returned by **Thursday 31st August 2017** to:

**SEAL Coordinator
Warrnambool College
Grafton Road
Warrnambool 3280**