

# Select Entry Accelerated Learning Program

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

**Applications close Monday 20th August 2018**

(Teacher referrals must be received by Thursday 30th August 2018)

## Expression of Interest Form

Student's Full Name: \_\_\_\_\_

Primary School: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

\$75 fee required which partly covers sitting the SEAL Program Test.  
Non-negotiable cheques should be made out to Warrnambool College.

PAYMENT METHOD:

Visa

MasterCard

Cheque

Cash

Card Number:

Expiry Date:

 / 

CVN:

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

SEAL Program (Selected Accelerated Learning Program) Test Fee:

\$ 75

Received by: \_\_\_\_\_

Total: \$ \_\_\_\_\_

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

# Select Entry Accelerated Learning Program (Cont.)

## Parent/Guardian Referral Form

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary School Attended 2018: \_\_\_\_\_

Grade 6 Teacher: \_\_\_\_\_

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 themselves 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 them 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 themselves high goals   | 5 | 4 | 3 | 2 | 1 |



# Select Entry Accelerated Learning Program (Cont.)

On this page, add any further comments you wish to add 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

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

This form should be completed and returned by **Monday 20th August 2018** to:

**SEAL Co-Ordinator**  
**Warrnambool College**  
**Grafton Road**  
**Warrnambool 3280**

# Select Entry Accelerated Learning Program (Cont.)



Student's Full Name: \_\_\_\_\_

Thank you for your interest in the Select Entry and Accelerated Learning Program. We are interested to hear why you would like to be a part of this program. Write in any way you think appropriate on this sheet, making sure you cover the following:

- How you learnt about the program
- Why you want to nominate yourself for this program
- What you think you would get out of this program

Feel free to add any further information which you feel would enable us to get a better understanding of you. We look forward to reading your response.

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SEAL Co-Ordinator  
Warrnambool College  
Grafton Road  
Warrnambool 3280

# Select Entry Accelerated Learning Program (Cont.)

## Confidential Teacher Referral Form

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

Full Name of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade(s) I taught this student: \_\_\_\_\_

School Contact No.: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

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 their 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					



## Select Entry Accelerated Learning Program (Cont.)

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

Please list any 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:

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form should be completed and returned by **Monday 20th August 2018** to:

SEAL Co-Ordinator  
 Warrnambool College  
 Grafton Road  
 Warrnambool 3280