

# Report of Academic Merit

This form is intended for use on behalf of students who are:

- citizens of Australia or New Zealand or permanent residents of Australia who normally reside in NSW but are temporarily residing interstate or overseas **AND**
- unable to take the Opportunity Class Placement Test **AND**
- unable to provide school assessment scores which can be moderated.

Interstate and overseas applicants need to complete both the Year 5 Opportunity Class Placement Application Form and this document. If applying online send this completed form in separately with the attachment header which will be provided to you when you submit your online application.

## Completing the forms

Forms to complete	Who	How
Application Form (either on paper or online)	Parent	Apply online between 30 April and 18 May 2012 or request an application form from the Unit and complete the parent sections only. Leave the school's section blank unless the child currently attends a school which can provide comments. They should not provide assessment scores.
Printed application forms must reach the Unit no later than <b>Monday 25 June 2012</b> .		
Report of Academic Merit	Parent to complete page 2, <i>Applicant details</i> .	Complete all details. An intended NSW address (or area) is necessary for a student to be considered for any opportunity class placement.
	Registered psychologist to complete page 3, <i>Individual test of general ability</i> .	Arrange for a registered psychologist or other qualified person to conduct either a WISC IV or a Stanford Binet 5 (individual tests of general ability). The full psychologist's report must be included.
	Registered psychologist or other qualified practitioner to complete page 4, <i>Standardised testing of reading and mathematics</i> .	Arrange for a registered psychologist, teacher or other qualified person to conduct a standardised test of reading comprehension and a standardised test of mathematics e.g. PAT Reading or PAT Mathematics. The examiner should complete and sign the relevant sections of the form.
The <i>Report of Academic Merit</i> and attachment must reach the Unit as soon as possible but no later than <b>Wednesday 25 July 2012</b> .		

### Notes

1. In this document 'parent' includes 'guardian' and 'caregiver'.
2. Students whose parents continue to live interstate after the 2013 school year begins will be considered for entry to an opportunity class only after all eligible candidates from NSW have been placed.
3. If you are currently residing outside NSW but intend returning to NSW to allow your child to sit the test you do not need to complete this form. You need only complete the standard application form and write a covering letter explaining your plans and provide both local and interstate or overseas contact details. In this case you must submit your completed application form no later than 18 May 2012.
4. The information provided will be considered by a selection committee and the committee may request, if necessary, further information or testing.
5. Documents entitled 'Selective high schools and opportunity classes: some facts' and 'Opportunity Class Placement Test' are available from the website shown below.
6. Past test papers are available at [www.schools.nsw.edu.au/learning/k-6assessments/oc\\_sampletest.php](http://www.schools.nsw.edu.au/learning/k-6assessments/oc_sampletest.php).

### Contact details

Selective High School and Opportunity Class Placement Unit – NSW Department of Education and Communities

Telephone: 02 9707 6262 Fax: 02 9707 6265

Email: [ssu@det.nsw.edu.au](mailto:ssu@det.nsw.edu.au)

Postal address: Locked Bag 5001 BANKSTOWN NSW 1885

Web: [www.schools.nsw.edu.au/ocplacement](http://www.schools.nsw.edu.au/ocplacement)

**Applicant details** – For use by interstate and overseas applicants for 2013 entry.

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**Student's details**

Student's family name: \_\_\_\_\_  
Given names: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
School attended currently: \_\_\_\_\_

**Current address (interstate or overseas)**

Street: \_\_\_\_\_  
Suburb, town or city: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Approximate date the student will  
be returning to New South Wales: \_\_\_\_\_

**Student's New South Wales address (if known)**

Street: \_\_\_\_\_  
Suburb, town or city: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
or Intended residential area: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_

**New South Wales contact person (if applicable and available) with whom a message may be left**

Contact person's name: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Street: \_\_\_\_\_  
Suburb, town or city: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent's name: \_\_\_\_\_  
Parent's signature: \_\_\_\_\_  
Date: \_\_\_\_\_

This form must be attached to an original application form if you are applying on paper. If you are applying online this form must be sent accompanied by the header page you will receive after submitting your application.

## Individual test of general ability

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To be completed by a registered psychologist or other qualified practitioner.

### Psychologist or qualified practitioner's details

Psychologist's family name: \_\_\_\_\_

Given names: \_\_\_\_\_

Position/title: \_\_\_\_\_

Business address: \_\_\_\_\_

Suburb, town or city: \_\_\_\_\_

Country: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Qualifications and name of professional association(s) and/or society(ies) with which the psychologist is registered. \_\_\_\_\_

### Individual general ability test details

Specific version of test used eg. WISC IV UK or US norms	
Date administered	
Results*	

\* (IQ score format including full scale IQ, not percentile ranks or descriptions)

Please attach a complete signed psychologist's report. Additional material may be included if relevant.

Comments: (if applicable) \_\_\_\_\_

\_\_\_\_\_

Practitioner's signature: \_\_\_\_\_

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

## Standardised testing of reading and mathematics

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To be completed by a registered psychologist or other qualified practitioner.

### Test administrator's identification details

Test administrator's family name: \_\_\_\_\_

Given names: \_\_\_\_\_

Position/title: \_\_\_\_\_

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

Suburb, town or city: \_\_\_\_\_

Country: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Qualifications and name of professional organisation(s) and/or accreditation body(ies) with which test administrator is registered (if relevant). \_\_\_\_\_

### Standardised test details

	READING	MATHEMATICS
Specific test used		
Date administered		
Results		

Please attach a full report or additional material if relevant.

Comments: (if applicable) \_\_\_\_\_

\_\_\_\_\_

Test administrator's signature: \_\_\_\_\_

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