

# Report of academic merit



## FOR USE BY INTERSTATE AND OVERSEAS APPLICANTS FOR YEAR 7 ENTRY TO SELECTIVE HIGH SCHOOLS IN

# 2011

Educational Measurement and School Accountability Directorate

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

- citizens or permanent residents of Australia who normally reside in NSW but are temporarily residing interstate or overseas and
- unable to take the Selective High School Placement Test and
- unable to provide school assessment scores which can be moderated.

Interstate and overseas applicants need to complete both the 2011 Year 7 Entry to Selective High Schools application form and the forms in this document.

### COMPLETING THE FORMS

| Forms to complete        | Who  | How  |
|--------------------------|--|--|
| Application form         | Parent   | 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 marks.   |
| Report of academic merit | Parent to complete page 2, <i>Applicant Details</i>  | Complete all details.  |
|                          | Registered psychologist to complete page 3, <i>Individual Test of general ability</i> after testing  | Arrange for a registered psychologist or other qualified practitioner to conduct a WISC IV individual test of general ability. The full psychologist's report must be provided.  |
|                          | Registered psychologist or other qualified practitioner to complete page 4, <i>Standardised testing of reading and mathematics</i> after testing | Arrange for a registered psychologist, teacher or other qualified person to conduct a standardised test of reading comprehension and a standardised test of mathematics and supervise an unseen writing task. The examiner should complete and sign the relevant sections of the form as well as the relevant sections of the standard application form. |

**Forward all application material to reach the Unit as soon as possible but no later than Thursday 18 March 2010.**

### NOTES

1. In this document 'parent' includes 'guardian' and 'caregiver'.
2. Students whose parents continue to live interstate after the 2011 school year begins will be considered for entry to a selective high school 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 providing both local and interstate or overseas contact details. Past test papers are available at [http://www.schools.nsw.edu.au/learning/k-6assessments/ss\\_sampletest.php](http://www.schools.nsw.edu.au/learning/k-6assessments/ss_sampletest.php).
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 'Selective High School Placement Test' are available from the website shown below.

### CONTACT DETAILS

Selective High School and Opportunity Class Placement Unit

NSW Department of Education and Training

Postal address: Locked bag 6109, Milperra DC 1891, Australia

Telephone: 61 + 2 9707 6262 Fax: 61 + 2 9707 6265 Email: [ssu@det.nsw.edu.au](mailto:ssu@det.nsw.edu.au)

Website: <http://www.schools.nsw.edu.au/learning/k-6assessments/selectiveschools.php>

## APPLICANT DETAILS

For use by interstate and overseas applicants for 2011 entry.

### 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 the standard application form.

# INDIVIDUAL ASSESSMENT OF GENERAL ABILITY

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. \_\_\_\_\_

## Test details

|   |  |
|---|--|
| <b>Version of WISC IV used, e.g. UK or USA</b><br>e.g. UK or US norms |  |
| <b>Date administered</b>  |  |
| <b>Results*</b>   |  |

\* (IQ score format, including the Full Scale IQ score, not percentile ranks or descriptions)

**Please attach a full psychologist's report.** Additional material may be included if relevant.

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

\_\_\_\_\_

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

**Registration number:** \_\_\_\_\_

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

Note: Parents must identify a suitably qualified psychologist, the Unit is not able to provide recommendations.

# STANDARDISED TESTING OF READING AND MATHEMATICS

To be completed by a registered psychologist, teacher or other qualified person.

## 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). \_\_\_\_\_

## Test details

|                    | READING | MATHEMATICS |
|--------------------|---------|-------------|
| Specific test used |         |             |
| Date administered  |         |             |
| Results            |         |             |

## Writing task

Administer an unseen writing task. The stimulus should be general in nature.

Allow the student 20 minutes to complete the task.

The task is to be supervised and certified by the administrator as the student's own writing. Please sign and date each written page of the student's writing. The certified original must be attached to this form.

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

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

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