Young Achievers Program 2016
Teacher Support Statement

STUDENT’S NAME: _________________________ DATE: ________________
YEAR: _________________________ TEACHER: ________________

Please indicate this student’s current progress regarding:

Attendance:
☐ No absences ☐ Occasional absences ☐ Problematic/Unexplained Absences

Application:
☐ Substantial effort ☐ Consistent effort ☐ Little effort

Achievement:
☐ Excellent ☐ High ☐ Substantial ☐ Working towards

Goal 1: Organisational skills
☐ Excellent ☐ Substantial ☐ Working towards

Goal 2: Ability to work in a group
☐ Excellent ☐ Substantial ☐ Working towards

Goal 3: Ability to work independently
☐ Excellent ☐ Substantial ☐ Working towards

Behaviour:
☐ Excellent ☐ Satisfactory ☐ Needs Improvement

Supporting Statement:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Class Teacher signature

The Teacher Support Statement should be signed by the applicant’s class teacher and faxed to Mrs Natalie Wearne on 4323 2685 by 1 April 2015.