

STEM TEACHER REFERENCE SHEET

To be completed by student's current classroom teacher.

***** This information is to be treated as confidential. Teachers are to please return this form to woodvale.sc.enrolments@education.wa.edu.au. NOT via the student/parent/caregiver.**

Please complete questions as accurately and honestly as possible.

Student's Name:

School:

Teacher's Name:

Level of school academic achievement	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Study/homework habits	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Ability of student to work on his/her/their own	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Reading skills	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Organisational skills	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Motivation level for learning	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Relationship with peers	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Relationship with teachers	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>
Ability to catch up on missed classed work	High	<input type="checkbox"/>	Average	<input type="checkbox"/>	Low	<input type="checkbox"/>

General comment regarding student.

Teacher's Signature: Date:

[Email to Enrolments Officer, Woodvale Secondary College](mailto:woodvale.sc.enrolments@education.wa.edu.au)

