**EDUCATION ADJUSTMENT PROGRAM (EAP) OUTCOME (TEMPORARY ATTENDANCE FINALISATION) FORM**

[For prospective students on temporary attendance this form is used by the state special school principal to advise the decision-maker of EAP verification outcome and provides a further recommendation based on all the evidence now available. This form is also completed if the parent/s do not contact the state special school principal within 10 school days to accept the offer of temporary attendance.]

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| **Part A – Student details** | | | | | | | | |
| **Prospective student details** | | | | | | | | |
| **Surname:** (as per birth certificate) |  | | **Given names:** (as per birth certificate) | |  | | | |
| **Sex:** |  | | **Date of birth:** | |  | | | |
| **Proposed state special school** | | | | | | | | |
| **Name of state special school** | |  | | | | | | |
| **Temporary attendance details** (indicated in the *Temporary attendance in a state special school – Registration and agreement*) | | | | | | | | |
| **Date of temporary attendance offer from decision-maker** | | | | | | |  | |
| **Temporary attendance offer accepted by parent** | | | | ☐ Yes ☐ No | | | | |
| **If yes** | | | | | | | | |
| **Temporary attendance agreement signed by principal** | | | | ☐ Yes ☐ No | | **If yes, date** |  | |
| **Temporary attendance agreement signed by parent** (within 10 school days) | | | | ☐ Yes ☐ No | | **If yes, date** |  | |
| **Date temporary attendance commenced** | | | | | | |  | |
| **Date temporary attendance will end** (Must be no later than 10 months from commencement date) | | | | | | |  | |
| **Outcome of EAP verification** (*Student Details Report from the Adjustment Information Management System uploaded in OneSchool*) ☐ Yes | | | | | | | | |
| Date state special school advised of EAP verification in the category of intellectual disability (ID) outcome | | | | | | | |  |
| ☐ Intellectual disability **EAP** **verified** ☐ Intellectual disability **is not EAP verified** | | | | | | | | |
| Student Details Report from the Adjustment Information Management System uploaded in OneSchool | | | | | | | ☐ Yes | |
| **Special school principal recommendation to be recorded in OneSchool** | | | | | | | | |
| **Position:** State special school principal  **Name:**         **Signature:**  **Date:** | | | | | | | | |