

2020 Annual Report to The School Community



School Name: Monash Children's Hospital School (6364)



- All teachers at the school meet the registration requirements of the Victorian Institute of Teaching (www.vit.vic.edu.au).
- The school meets prescribed minimum standards for registration as regulated by the Victorian Registration and Qualifications Authority (VRQA) in accordance with the *Education and Training Reform (ETR) Act 2006*. This includes schools granted an exemption by the VRQA until 31 December 2020 from the minimum standards for student enrolment numbers and/or curriculum framework for school language program.
- The school is compliant with the Child Safe Standards prescribed in *Ministerial Order No. 870 – Child Safe Standards, Managing Risk of Child Abuse in School*.

Attested on 14 April 2021 at 01:17 PM by Colin Dobson (Principal)

The 2020 Annual Report to the school community:

- has been tabled and endorsed at a meeting of the school council
- will be publicly shared with the school community.

Attested on 19 April 2021 at 11:30 AM by Catherine McAdam (School Council President)

How to read the Annual Report

What has changed for the 2020 Annual Report?

Improved appearance

The appearance of the Performance Summary has been updated to more clearly represent information and to assist interpretation and comparison of individual school's data with state averages.

School performance data

The Victorian community's experience of COVID-19, including remote and flexible learning, had a significant impact on normal school operations. This impacted the conduct of assessments and surveys. Readers should be aware of this when interpreting the Performance Summary.

For example, in 2020 school-based surveys ran under changed circumstances. Absence data may have been influenced by local processes and procedures adopted in response to remote and flexible learning.

Schools should keep this in mind when using this data for planning and evaluation purposes.

What does the 'About Our School' section refer to?

The About Our School section provides a brief background on the school, an outline of the school's performance over the year and future directions.

The 'School Context' describes the school's vision, values and purpose. Details include the school's geographic location, size and structure, social characteristics, enrolment characteristics and special programs.

The 'Framework for Improving Student Outcomes (FISO)' section includes the improvement initiatives the school has selected and the progress they have made towards achieving them.

What does the 'Performance Summary' section of this report refer to?

The Performance Summary includes the following:

School Profile

- student enrolment information
- the school's 'Student Family Occupation and Education' category
- a summary of parent responses in the Parent Opinion Survey, shown against the statewide average for Specialist schools
- school staff responses in the area of School Climate in the School Staff Survey, shown against the statewide average for Specialist schools

Achievement

- English and Mathematics for Teacher Judgements against the curriculum

Engagement

Student attendance and engagement at school, including:

- how many exiting students go on to further studies or full-time work

Results are displayed for the latest year and the average of the last four years (where available).

How to read the Annual Report (continued)

What does 'NDP' or 'NDA' mean?

'NDP' refers to no data being published for privacy reasons or where there are insufficient underlying data. For example, very low numbers of participants or characteristics that may lead to identification will result in an 'NDP' label. For the 2020 Student Attitudes to School survey, specifically, the similar school group averages are replaced by 'NDP' where less than 50% of schools in a given similar school group did not participate in the 2020 survey.

'NDA' refers to no data being available. Some schools have no data for particular measures due to low enrolments. There may be no students enrolled in some year levels, so school comparisons are not possible.

Note that new schools only have the latest year of data and no comparative data from previous years. The Department also recognises unique circumstances in Specialist, Select Entry, English Language, Community Schools and schools that changed school type recently, where school-to-school comparisons are not appropriate.

What is the 'Towards Foundation Level Victorian Curriculum'?

The Victorian Curriculum is assessed through teacher judgements of student achievement based on classroom learning.

The 'Towards Foundation Level Victorian Curriculum' is integrated directly into the curriculum and is referred to as 'Levels A to D'.

'Levels A to D' may be used for students with a disability or students who may have additional learning needs

'Levels A to D' are not associated with any set age or year level that links chronological age to cognitive progress (i.e. there is no age expected standard of achievement for 'Levels A to D').

About Our School

School context

Monash Children's Hospital School (MCHS) is a Department of Education and Training school located within Monash Children's Hospital. The school has been established to provide education for children who are inpatients and/or outpatients of Monash Children's Hospital inclusive of Early in Life Mental Health Services (ELMHS). Monash Children's Hospital School delivers education services alongside a patient's treatment, recovery and reintegration. It supports patients with significant health conditions who are at-risk of disengaging from education, or who are unable to attend their regular educational setting due to their health condition. The intent of the school is to provide educational experiences and outcomes that children and young people would have had, had they not been experiencing a significant health condition. MCHS teachers work closely with the young person, their families, their treating team and their regular educational setting.

School Vision

Our children and young people will have access to high quality teaching and learning that will ensure continuity of their education regardless of their health condition.

Model of Learning

An individualised program is created for each student, inclusive of their own school work and/or learning tasks developed by Monash Children's Hospital School teachers. This can occur in the following formats:

- One-on-one sessions at the patient's bedside and on the ward
- Small group learning classes, which take place on the wards and in specific activity rooms
- Classroom learning with groups of up to fifteen students

Our teachers work closely with Monash Children's Hospital medical/health professionals as part of a multidisciplinary approach and provide education for students aged 5-18 years of age. We aim to build a safe and supportive environment and culture, one that promotes positive relationships, values diversity and supports the holistic development of our students.

Advocacy

While the young person is an inpatient/outpatient of Monash Children's Hospital (inclusive of ELMHS) the teachers also act as educational advocates for the young person and their family.

- Treatment Phase: Establish and maintain contact with the young person's regular educational setting in a supportive and confidential manner in order to provide continuity with their learning.
- Recovery Phase: Ongoing conversations and liaising between home, hospital and school for the period of time the young person is recovering at home.
- Reintegration Phase: Provide support to the young person and the family to assist in a smooth and positive reintegration to school/TAFE.

Staffing

Monash Children's Hospital School employs 21 staff members (18.1 equivalent full time) encompassing: 2 Principal class, 3 leading teachers/learning specialists, 13 teachers and 2.5 educational support staff members. The school is a part of a multidisciplinary team and has access to Monash Children's Hospital medical and health personnel: doctors, nurses, allied health, interpreters, indigenous liaison officers, social workers etc. The student population is extremely fluid and changes on a daily basis, depending on the number of young people who are inpatient/outpatients of Monash Children's Hospital inclusive of Early in Life Mental Health Services. The time frame that students are supported by MCHS is varied and can range from a couple of days to a number of months or years.

Framework for Improving Student Outcomes (FISO)

1. Building Practice Excellence

Key Improvement Strategies

KIS 1: For all MCHS teachers to develop knowledge and understanding of assessment strategies to inform teaching

and learning.

KIS 2: Teachers work collaboratively to plan and deliver a responsive teaching and learning program for every child.

2. Setting expectations and promoting inclusion

Key Improvement Strategy

KIS 3: To actively engage students in Resilience, Rights and Respectful Relationships by embedding the program across MCHS.

KIS 4: To build a culture that values and nurtures student voice, agency and leadership.

3. Building Communities

Key improvement Strategy

KIS 5: Develop return to school/education processes to actively support MCHS students in the community (MCH and ELMHS).

Please note that Covid19 Pandemic had a major influence on the achievement of the above Key Improvement Strategies throughout 2020.

Achievement

1. Building Practice Excellence

Key improvement Strategies

KIS 1: For all MCHS teachers to develop knowledge and understanding of assessment strategies to inform teaching and learning.

KIS 2: Teachers work collaboratively to plan and deliver a responsive teaching and learning program for every child.

The MCHS staff member's knowledge and understanding of assessment developed significantly throughout 2020. Each student had an individualised learning plan that focused on literacy, numeracy and Resilience, Rights and Respectful Relationships (RRRR). If school work was sent from the student's base school then these learning tasks were placed on the student's learning plan.

During the pandemic (Covid19), the Assistant Principal and the Learning Specialist developed and implemented an online Professional Learning program that was exemplary. They ensured that MCHS's professional learning program continued regardless of the Covid19 situation. This ensured that the capacity building of staff continued (around the 2020 AIP goals and strategies) and just as importantly allowed staff to truly connect with one another. The staff professional learning program specifically targeted formative and summative assessment and each staff member had this as a goal within their Performance and Development Plan (PDP).

Weekly collaborative sessions (mainly online) were held where staff members shared information about students' learning with their colleagues. Through this collaboration, staff members provided support and constructive feedback to their colleagues and focused on how the educational program for each and every child could be further strengthened. Staff members were appointed to a whole school literacy, numeracy or RRRR professional learning team. The staff members further developed their understanding of literacy, numeracy and RRRR content through an assessment lens. This provided staff with the skills, knowledge and understanding to identify the student's learning needs through the development of authentic screening tools and then they were able to develop rich and meaningful learning tasks that specifically targeted the point of need for each young person.

During the Covid 19 Pandemic, MCHS continued to provide a 'blended' delivery model of education to the patients (inpatients and outpatients). The Stepping Stones and Oasis (Mental Health inpatient units) patients/students were provided with a face to face model of teaching and learning. Monash Children's Hospital and Early in Life Mental Health Services appreciated this ongoing support and viewed the face to face education program as 'essential' for the children.

The role of the teachers on the general medical wards was one of facilitator. The staff members also had to ensure that the students had access to their base school's online teaching and learning program. They were able to assist the young person when misconceptions were formed or understandings of key concepts were not understood during their regular school online classes. Teaching of children from the Cancer Centre was all online and this was provided to the children when they were in hospital or at home.

Outpatient Clinics moved to a telehealth platform and this proved to be highly successful with the patient, their family, MCHS teacher and medical consultant. The teacher provided this educational consultation and then followed-up with the base school on behalf of the young person.

Each staff member was required to create one student case study. This case study provided a background of a child and captured the impact that the MCHS learning experience had on this young person. The case study formed a part of the teacher's professional portfolio that showcased their teaching and learning development across the 2020 school year. These portfolios formed a major part of the mid year and end of year performance and development meetings that every MCHS staff member had with a representative of the MCHS Leadership Team.

The 2020 AIP Goals, staff members PDP's and the comprehensive professional learning program were fully aligned.

Engagement

2. Setting expectations and promoting inclusion

Key Improvement Strategy

KIS 3: To actively engage students in Resilience, Rights and Respectful Relationships (RRRR) by embedding the program across MCHS.

KIS 4: To build a culture that values and nurtures student voice, agency and leadership.

Staff members were allocated into three distinct Professional Learning Teams (PLT): Literacy, Numeracy and Resilience, Rights and Respectful Relationships (RRRR). The RRRR staff members met online on a weekly basis and developed rich learning tasks that could be taught across MCHS. Unfortunately due to Covid restrictions, MCHS was unable to run 'group' sessions on the general medical wards and all the RRRR tasks were delivered on a one to one basis. However, RRRR group sessions were provided to students from the Stepping Stones unit. One of the most significant outcomes that occurred during Covid19 was related to technology and the accessibility to learning through online and virtual systems. The children had direct access to their regular online classroom sessions and had the opportunity to stay connected with their regular school work, their teachers and peers. The opportunity to be able to connect with live online classrooms, watch videos of the sessions that had taken place throughout the day and connect with their teachers and peers was welcomed and appreciated by the patients and their families.

At MCHS we believe that mainstream and special school staff members have developed their technology skills to provide education to all children and it is our hope that this support is continued in the future for children with chronic health conditions. Anecdotally, staff at MCHS observed and heard from colleagues from mainstream schools that they felt more equipped to provide education online to children with chronic health conditions (children who may not be able to attend school for periods of time). It seems that mainstream educators now realise the importance of providing a robust education to these children when they are in hospital or are recovering at home and have the confidence to provide such learning.

MCHS staff members developed skills in providing teaching and learning online and their confidence in providing online education grew enormously. They also learnt how to navigate their way around the myriad of online platforms that schools used. There was a pride from the staff in their developing skills and knowledge to deliver authentic learning experiences online for the patients as well as supporting children when they were in hospital and/or recovering at home. This success of providing educational support while a child is at home led MCHS to continue this support for the duration of 2020 and this 'home' support will continue in 2021, especially for children who are in an immuno-compromised position.

MCHS continued to provide on-site and off-site education for patients/students for the entire Covid19 pandemic period. The educational program ran every week from late March inclusive of holiday periods. The willingness of staff to work on-site and provide education for young people, who were quite vulnerable due to their significant health condition, was inspiring. MCHS staff members effectively navigated their way through the myriad of health precautions and requirements to ensure the delivery of education in this unprecedented time of the Covid 19 pandemic.

At MCHS, the staff members noted that students confidence to monitor and self regulate their learning increased significantly during this remote learning period. However, there was a lack of opportunity to achieve the strategies of raising 'student voice and agency' while in hospital as MCHS was unable to bring students together in small groups because of Covid19 precautions and restrictions. The student think tanks/forums will be established in 2021 to ensure that student voice and agency is captured and that their ideas and thoughts help shape the current and future practices of the school. In 2020 it was extremely pleasing to have a young adult join MCH School Council as a community member and his input was extremely valuable and insightful. Student voice and agency will continue to be a goal in 2021.

Wellbeing

3. Building Communities
Key Improvement Strategy

KIS 5: Develop return to school/education processes to actively support MCHS students in the community (MCH and ELMHS).

Monash Children's Hospital School staff continued to immerse themselves into the culture of Monash Children's Hospital. This immersion process allowed the MCHS staff to further develop and refine practices and programs that meet the needs of each young person as they transition through the treatment, recovery and reintegration phases. The MCHS model allowed education and health colleagues to work together as members of a multidisciplinary treating team. This provided a holistic approach to the care and education of each young person. Together health and educational professionals aligned treatment and education, informed one another's practices, provided different perspectives of the child, utilised one another's strengths and built a holistic understanding of the young person. The introduction of the on-line platform - 'OneDrive' allowed staff to genuinely capture the child's teaching and learning program, document the planning for future learning and accurately record communications between all key stakeholders. This allowed for greater accessibility and transparency of information for every child that could then be effectively shared between all MCHS staff members. This in turn has further strengthened the teacher's capacity to provide a highly personalised program that targets the needs of each child.

A 'coaching' approach was continued at MCHS and this proved to be a powerful mechanism to strengthen the staff member's capacity in all domains of teaching and learning, especially in the areas of literacy, numeracy, RRRR and personalised learning. Professional learning teams in these specific areas: literacy, numeracy and RRRR, provided an excellent base for this coaching model, allowing for staff members to coach and be coached. Please note that the coaching model was carried out online in 2020.

Staff members attended daily/weekly online handovers where information about each child was shared by members of the medical/health treating team. Teachers were allocated to specialised areas (bed-card) to ensure communication between the health professionals and school staff was transparent and effective. This allowed MCHS staff to be aware of the specific needs of each young person and in turn deliver a program that catered for their individual needs.

MCHS was extremely proud of the provision of resources that were provided to the patients/students during this Covid19 pandemic period. MCHS and DET worked closely to ensure internet access was available to the patients as the MCH patient internet access was not adequate to meet the increasing education online demands for the students/patients. Internet dongles were provided by the Department of Education and Training and this was an extremely beneficial and necessary resource. Teaching and learning resources were provided to the young people and this 'resource' support was also extended to the patients when they were recovering at home.

All staff were provided with resources to allow them to effectively work from home and to continue to provide online teaching, have access to their PLT's and the MCHS professional learning program and to generally stay connected to their MCHS/MCH colleagues during Covid19. The resources consisted of laptops, iPads and mobile phones.

As mentioned earlier in the report, one of the highlights of 2020 was the development and implementation of an exemplary online professional learning program which consisted of whole staff professional learning sessions, PLT

focus sessions and the strengthening of the Triad/Coaching system at MCHS. Once again credit lies with the Assistant Principal and Learning Specialist on transitioning the entire professional learning program onto an online platform. The collaboration between staff members of MCHS has been strong and there was a real sense of cohesion and connectivity throughout the Covid19 period. The collaboration between staff from MCH and MCHS has also been noteworthy and the medical and health teams have stated that the services that MCHS provided throughout the pandemic were essential and outstanding.

Another key feature for 2020 was the way that MCHS staff stayed connected with one another and supported their colleagues throughout the pandemic. The staff enthusiastically participated in weekly Zoom, WebEx and Teams online sessions – celebrating achievements from one week to the next. MCHS staff celebrated birthdays, special events and focused on 'joys' from both home and work. MCHS developed a comprehensive communication system that ensured leaders were connecting with staff on a weekly basis and support was provided to each member of staff.

In 2020, the establishment of the MCHS Staff 'Community' Team was explored and this new team will be developed for the 2021 school year. This 'Community Team' will consist of staff members who are working with outpatients from Monash Children's Hospital and Early in Life Mental Health Services. In 2020, MCHS staff members provided ongoing educational consultations for many medical departments of the children's hospital. In particular this support was provided to the following: Victorian Paediatric Rehabilitation Service for children with chronic fatigue or an acquired brain injury, Victorian Fetal Alcohol Service (VicFAS), Cystic Fibrosis, Nephrology and Adolescent Medicine clinics. MCHS also provided outreach/outpatient education support for the Early in Life Mental Health Service especially in the Adolescent Recovery Program (ARC), CAHMS and Early Action in Schools program (CASEA) and the group program (CORE). These secondary educational consultations were carried out through a telehealth platform due to Covid19.

Financial performance and position

The annual financial result was in surplus and this was strategically planned for. Equity funding of \$2,500 was used to purchase literacy and numeracy resources for children with specific learning needs. The school is only in its third year of operation and its role is continually evolving. The major spend was around resourcing a relatively new school, one where a personalised program for teaching and learning is fundamental. Specific equipment was purchased to provide the best learning environment for the patients/students especially in the area of Information Technology. Due to Covid19 there was an increase demand for online teaching and learning, students needed to effectively access their school work and 'live' classes online. Internet access was a major focus for MCHS in 2020. Additional costs were also directed for the wellbeing and supervision of staff - this support was critical. The financial surplus will be used to purchase resources for Monash Children's Hospital School as it naturally expands and provides further educational support to the wider Monash Health community, especially for the Early in Life Mental Health Service.

For more detailed information regarding our school please visit our website at

<https://monashchildrenshospital.org/school/>

Performance Summary

The Performance Summary for government schools provides an overview of how this school is contributing to the objectives of the Education State and how it compares to other Victorian Government schools.

All schools work in partnership with their school community to improve outcomes for children and young people. Sharing this information with parents and the wider school community helps to support community engagement in student learning, a key priority of the Framework for Improving Student Outcomes.

Refer to the 'How to read the Annual Report' section for help on how to interpret this report.

SCHOOL PROFILE

Enrolment Profile

A total of 0 students were enrolled at this school in 2020, 0 female and 0 male.

NDA percent of students had English as an additional language and NDA percent were Aboriginal or Torres Strait Islander.

Overall Socio-Economic Profile

The overall school's socio-economic profile is based on the school's Student Family Occupation and Education index (SFOE) which takes into account parents' occupations and education.

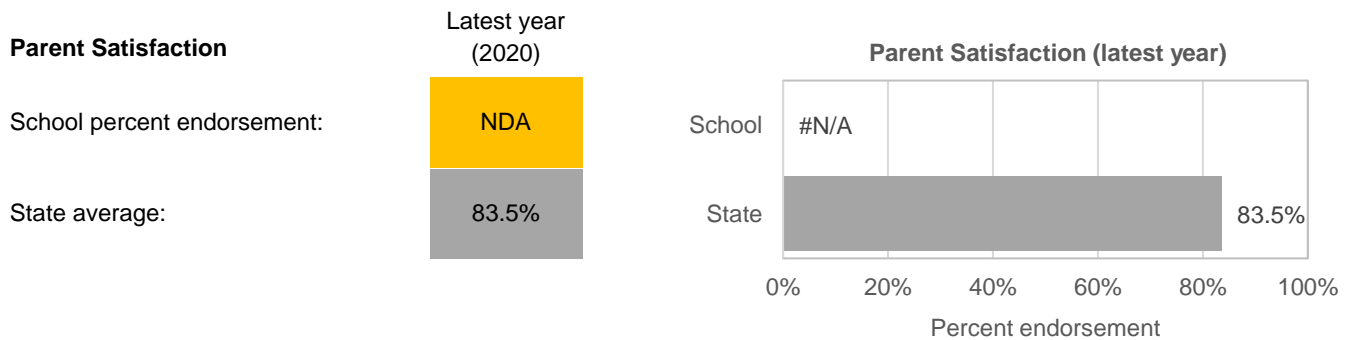
Possible socio-economic band values are: Low, Low-Medium, Medium and High.

This school's socio-economic band value is: NDA

Parent Satisfaction Summary

The percent endorsement by parents on their school satisfaction level, as reported in the annual Parent Opinion Survey.

Percent endorsement indicates the percent of positive responses (agree or strongly agree) from parents who responded to the survey.

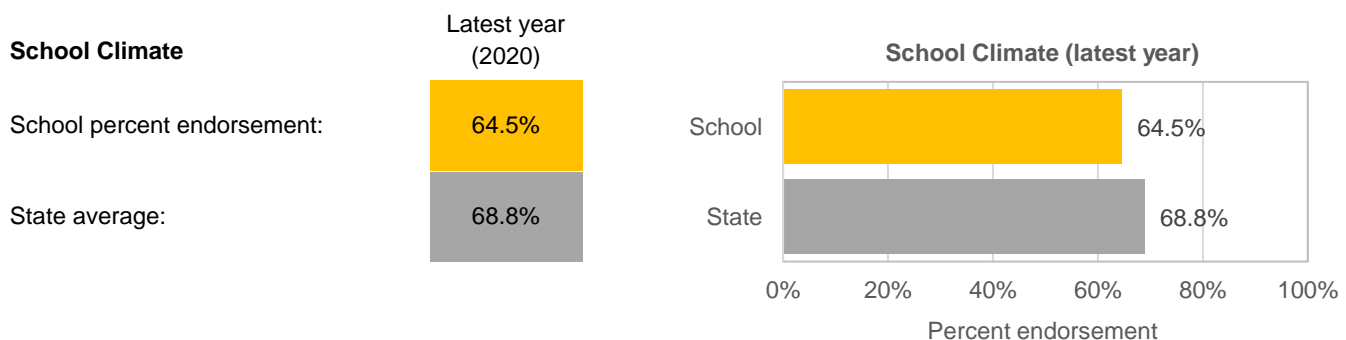


School Staff Survey

The percent endorsement by staff on School Climate, as reported in the annual School Staff Survey.

Percent endorsement indicates the percent of positive responses (agree or strongly agree) from staff who responded to the survey.

Data is suppressed for schools with three or less respondents to the survey for confidentiality reasons.



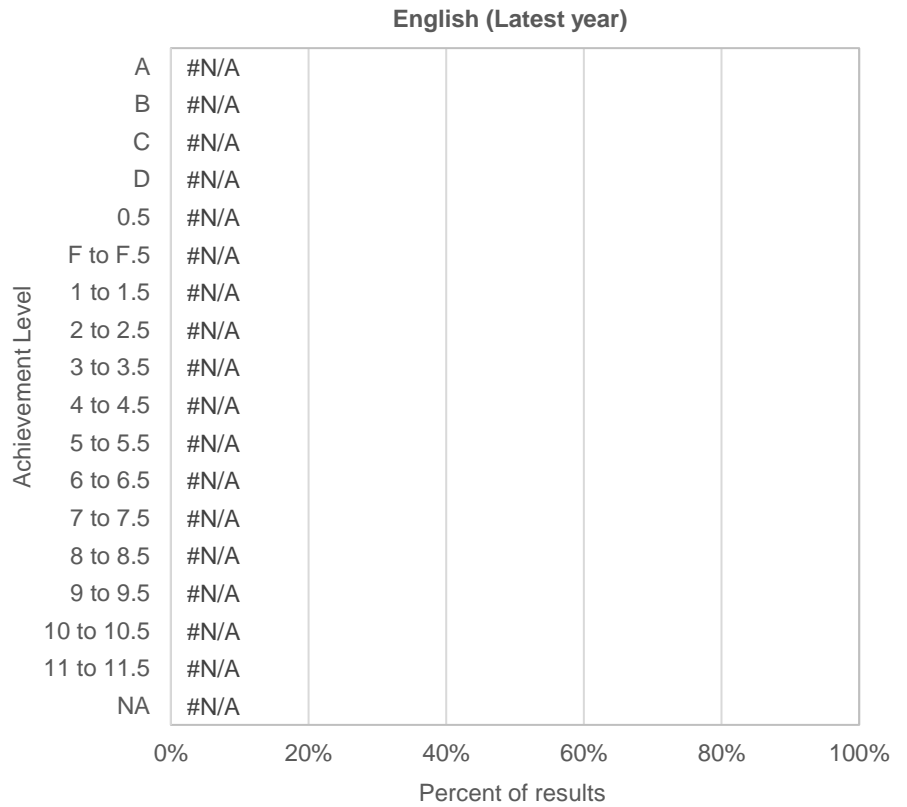
ACHIEVEMENT

Teacher Judgement of student achievement

Percent of results at each achievement level in English and Mathematics.

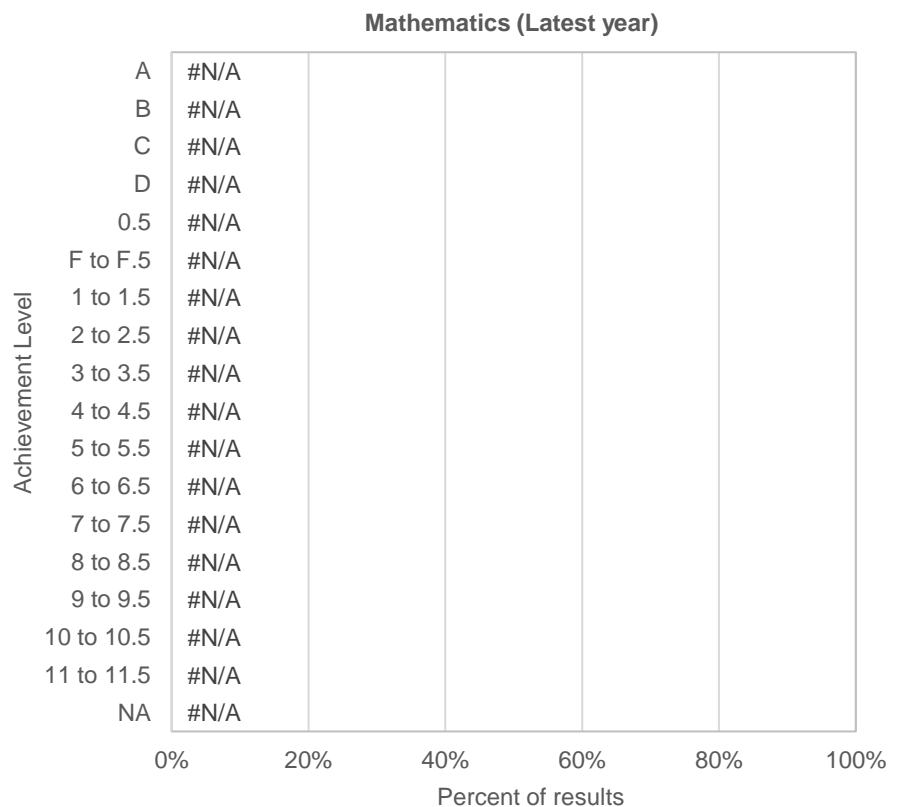
English

| Achievement Level | Latest year (2020) |
|-------------------|--------------------|
| A | NDA |
| B | NDA |
| C | NDA |
| D | NDA |
| 0.5 | NDA |
| F to F.5 | NDA |
| 1 to 1.5 | NDA |
| 2 to 2.5 | NDA |
| 3 to 3.5 | NDA |
| 4 to 4.5 | NDA |
| 5 to 5.5 | NDA |
| 6 to 6.5 | NDA |
| 7 to 7.5 | NDA |
| 8 to 8.5 | NDA |
| 9 to 9.5 | NDA |
| 10 to 10.5 | NDA |
| 11 to 11.5 | NDA |
| NA | NDA |



Mathematics

| Achievement Level | Latest year (2020) |
|-------------------|--------------------|
| A | NDA |
| B | NDA |
| C | NDA |
| D | NDA |
| 0.5 | NDA |
| F to F.5 | NDA |
| 1 to 1.5 | NDA |
| 2 to 2.5 | NDA |
| 3 to 3.5 | NDA |
| 4 to 4.5 | NDA |
| 5 to 5.5 | NDA |
| 6 to 6.5 | NDA |
| 7 to 7.5 | NDA |
| 8 to 8.5 | NDA |
| 9 to 9.5 | NDA |
| 10 to 10.5 | NDA |
| 11 to 11.5 | NDA |
| NA | NDA |



ENGAGEMENT

Average Number of Student Absence Days

Absence from school can impact on students' learning. Common reasons for non-attendance include illness and extended family holidays. Absence data in 2020 may have been influenced by local processes and procedures adopted in response to remote and flexible learning.

| Student Absence | 2017 | 2018 | 2019 | 2020 | 4-year average |
|--|------|------|------|------|----------------|
| School average number of absence days: | NDA | NDA | NDA | NDA | NDA |

Students exiting to further studies or full-time employment

Percentage of students going on to further studies or full-time employment.

Note: This measure refers to data from the previous calendar year. Data excludes destinations recorded as 'Unknown'.

| Student Exits | 2017 | 2018 | 2019 | 2020 | 4-year average |
|--|------|------|------|------|----------------|
| School percent of students with positive destinations: | NDA | NDA | NDA | NDA | NDA |

Financial Performance and Position

FINANCIAL PERFORMANCE - OPERATING STATEMENT SUMMARY FOR THE YEAR ENDING 31 DECEMBER, 2020

| Revenue | Actual |
|--------------------------------|--------------------|
| Student Resource Package | \$6,900,987 |
| Government Provided DET Grants | \$225,148 |
| Government Grants Commonwealth | NDA |
| Government Grants State | NDA |
| Revenue Other | \$1,468 |
| Locally Raised Funds | \$7,768 |
| Capital Grants | NDA |
| Total Operating Revenue | \$7,135,371 |

| Equity ¹ | Actual |
|---|----------------|
| Equity (Social Disadvantage) | \$5,000 |
| Equity (Catch Up) | NDA |
| Transition Funding | NDA |
| Equity (Social Disadvantage – Extraordinary Growth) | NDA |
| Equity Total | \$5,000 |

| Expenditure | Actual |
|---------------------------------------|--------------------|
| Student Resource Package ² | \$2,340,913 |
| Adjustments | NDA |
| Books & Publications | \$2,901 |
| Camps/Excursions/Activities | NDA |
| Communication Costs | \$3,113 |
| Consumables | \$25,774 |
| Miscellaneous Expense ³ | \$4,571 |
| Professional Development | \$22,925 |
| Equipment/Maintenance/Hire | \$64,451 |
| Property Services | \$6,037 |
| Salaries & Allowances ⁴ | \$63,447 |
| Support Services | \$34,250 |
| Trading & Fundraising | \$1,084 |
| Motor Vehicle Expenses | NDA |
| Travel & Subsistence | \$23,349 |
| Utilities | NDA |
| Total Operating Expenditure | \$2,592,814 |
| Net Operating Surplus/-Deficit | \$4,542,556 |
| Asset Acquisitions | NDA |

- (1) The equity funding reported above is a subset of the overall revenue reported by the school.
- (2) Student Resource Package Expenditure figures are as of 02 Mar 2021 and are subject to change during the reconciliation process.
- (3) Miscellaneous Expenses include bank charges, administration expenses, insurance and taxation charges.
- (4) Salaries and Allowances refers to school-level payroll.

FINANCIAL POSITION AS AT 31 DECEMBER 2020

| Funds available | Actual |
|-------------------------------|------------------|
| High Yield Investment Account | \$125,106 |
| Official Account | \$117,757 |
| Other Accounts | NDA |
| Total Funds Available | \$242,862 |

| Financial Commitments | Actual |
|---|------------------|
| Operating Reserve | \$41,788 |
| Other Recurrent Expenditure | \$4,604 |
| Provision Accounts | NDA |
| Funds Received in Advance | NDA |
| School Based Programs | \$82,000 |
| Beneficiary/Memorial Accounts | NDA |
| Cooperative Bank Account | NDA |
| Funds for Committees/Shared Arrangements | NDA |
| Repayable to the Department | NDA |
| Asset/Equipment Replacement < 12 months | NDA |
| Capital - Buildings/Grounds < 12 months | NDA |
| Maintenance - Buildings/Grounds < 12 months | NDA |
| Asset/Equipment Replacement > 12 months | NDA |
| Capital - Buildings/Grounds > 12 months | \$145,000 |
| Maintenance - Buildings/Grounds > 12 months | \$10,000 |
| Total Financial Commitments | \$283,391 |

All funds received from the Department, or raised by the school, have been expended, or committed to subsequent years, to support the achievement of educational outcomes and other operational needs of the school, consistent with Department policies, School Council approvals and the intent/purposes for which funding was provided or raised.