

# 2021 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](http://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 2021 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 27 April 2022 at 11:33 AM by Colin Dobson (Principal)

- This 2021 Annual Report to the School Community has been tabled and endorsed at a meeting of the school council and will be publicly shared with the school community

Attested on 28 April 2022 at 04:09 PM by Cathy McAdam (School Council President)

## How to read the Annual Report

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### What does the *'About Our School'* commentary section of this report refer to?

The 'About our school' commentary 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 through the implementation of their School Strategic Plan and Annual Implementation Plan.

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### 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).

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### Considering COVID-19 when interpreting the Performance Summary

The Victorian community's experience of COVID-19, including remote and flexible learning, had a significant impact on normal school operations in 2020 and 2021. This impacted the conduct of assessments and surveys. Readers should be aware of this when interpreting the Performance Summary.

For example, in 2020 and 2021 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.

## How to read the Annual Report (continued)

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### 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.

'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.

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### 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 disabilities 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

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### 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 (physical and/or mental) who are at-risk of disengaging from education, or who are unable to attend their regular educational setting due to their specific 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 issue. MCHS teachers work closely with the young person, their families, their medical/health 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. 'Let the uniqueness of each child guide our work.'

### 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.

As previously mentioned Monash Children's Hospital School delivers education services alongside a patient's treatment, recovery and reintegration.

**Treatment Phase:** We establish and maintain contact with the young person's regular school in a supportive and confidential manner in order to provide continuity and connectedness with their learning. During this phase, MCHS staff member's teach, liaise and advocate with, and for, the young person.

### Recovery Phase

When needed, we will engage with the young person's family, Monash Children's Hospital medical and health personnel, ELMHS treating team members and key staff from the students' regular school. This role will assist the continuity of the patient's education while they are recovering at home. This is an important phase to make sure that the young person stays connected with their education and school.

### Reintegration Phase

We provide support to the young person, their family and the base school to assist in a smooth and positive reintegration back to school. MCHS staff can provide advice about return to school planning, and with other key stakeholders, will develop strategies that further strengthen this process.

### Staffing

Monash Children's Hospital School employs 24 staff members (20.9 equivalent full time) encompassing: 2 Principal class, 3 leading teachers/learning specialists, 15 teachers and 4 educational support staff members. Please note that MCHS does not currently have any Aboriginal and/or Torres Strait Islander 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. Students/patients are usually from the state of Victoria but at times students from other states of Australia may be admitted to Monash Children's Hospital and MCHS would provide them with education while they are a patient of the hospital.

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## Framework for Improving Student Outcomes (FISO)

During 2021, all Department of Education and Training schools had one state-wide goal, known as the 2021 Priorities Goal with 3 Key Improvement Strategies.

### 1. Building Practice Excellence

Key Improvement Strategy

KIS 1: Learning, catch-up and extension priority (state-wide)

### 2. Setting expectations and promoting inclusion

Key Improvement Strategy

KIS 2: Happy, active and healthy kids priority (state-wide)

### 3. Building Communities

Key improvement Strategy

KIS 3: Connected schools priority (state-wide)

Please note that progress on all key improvement strategies were achieved. MCHS provided a blended model of education to the young people in our care, this consisted of face to face teaching and the provision of remote learning when face to face teaching could not occur due to the health condition of the young person. The MCHS staff navigated their way through the various Covid pandemic precautions and regulations that were implemented across the children's hospital to effectively provide education to the students/patients. The MCHS community team teachers also provided exemplary education consultations to the outpatients through the hospital's telehealth system, a service that was greatly appreciated by students, their families, medical/health treating teams and base schools.

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## Achievement

### 1. Building Practice Excellence

Key Improvement Strategy

KIS 1: Learning, catch-up and extension priority (state-wide)

From the outset, Monash Children's Hospital School (MCHS) has had a goal to develop a targeted and personalised learning program for every student (inpatient). The inpatients can be broadly categorised into 2 key groups: students who have access to their education (set by their base school) and students who do not have any access to a teaching and learning program. Each student is allocated a MCHS teacher and they become the key communicator with family members and/or the base school. A 'getting to know you' process is implemented and the student's academic, social and emotional history is captured. For students who have access to their current teaching and learning program, the personalised program is developed in consultation with the young person, their base school and the MCHS teacher. For students who do not have access to a teaching and learning program, the personalised program is co-developed by the student and the MCHS teacher - this often focuses on literacy, numeracy and Resilience, Rights and Respectful Relationships (RRRR).

Since 2018 there has been a strategic approach in developing a strong professional learning program around literacy, numeracy and RRRR. There has been a philosophy at MCHS that professional learning is happening all the time and the most powerful learning is often provided by colleagues. The professional learning program has been strategically planned to accommodate the changing needs of the MCHS staff members. As a school leadership team, there has

always been a determined and considered strategy to keep MCHS staff up to date with the latest thinking and direction of the Department of Education and Training. The school leadership team members are aware that staff who work in specialised settings can often lose contact with what is happening in mainstream schools and special schools and that it was critical that this does not happen at MCHS.

During the COVID pandemic (2020 & 2021), the Assistant Principal and the Learning Specialist developed and implemented a face to face and online Professional Learning program that was outstanding. They also ensured that MCHS's professional learning program continued regardless of the Covid19 situation. This ensured that the capacity building of staff continued and was directly aligned with the state-wide 2021 Annual Implementation Plan (AIP) goals and key improvement strategies. The staff professional learning program specifically focused on developing personalised teaching and learning for each young person and each staff member had this as a goal within their Performance and Development Plan (PDP).

Weekly collaborative sessions 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 (PLT). 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 which in turn meant that teachers 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. In the previous year, 2020, the role of the teachers on the general medical wards was one of facilitator. However, in 2021 it was decided that a face to face model of teaching was preferred and one to one and small group teaching was once again established. For students from the Cancer Centre, it was decided that remote learning should still be provided to these young people due to the nature of their health condition and their immuno-compromised position. This approach was appreciated by the students and their families and it is intended for this to continue in Term 1, 2022. The MCHS staff members also had to ensure that the students had access to their base school's online teaching and learning program when it was provided. In this situation, 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.

Outpatient Clinics continued to use a telehealth platform and this proved to be once again highly successful for the patients, their families, MCHS teachers and medical consultants. The teacher provided this educational consultancy service and then followed-up with the base school on behalf of the young person. When working with outpatients, the MCHS teacher works closely with the medical consultant, the young person, their family and their base school to individualise the educational supports that are needed. This could include, but not be limited to: re-engagement with education, gradual return to school, strategies to implement at school due to the young person's health condition and the investigation into special provisions that the young person may need to effectively engage with their learning.

Each staff member was required to develop a comprehensive learning portfolio that accurately demonstrated the learning of the young people in their care as well as highlight their own professional learning that had occurred throughout 2021. 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 representatives from the MCHS Leadership Team.

The 2021 AIP Goals, staff members PDP's and the comprehensive professional learning program, including the work in professional learning teams (PLT's), triads and ward/unit based teams, were all fully aligned.

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## Engagement

Setting expectations and promoting inclusion

Key Improvement Strategy

KIS 2: Happy, active and healthy kids priority (state-wide)

KIS 3: Connected schools priority (state-wide)

The development of MCHS has been co-constructed between the leaders of the school and hospital to meet the education needs of the young people in our care. Although there is still so much work to be achieved, MCHS has developed comprehensive processes and protocols to guide the work that is carried out on a daily basis and these processes are continually reviewed to ensure clarity of roles exist and that the staff of MCHS know that their role is to provide educational expertise to the following: patients, families, medical and health personnel and educators from the student's base school. The MCHS team has worked hard in developing a culture of 'team' and the support that they provide to one another is exemplary. They work in a collaborative and collegial manner, recognising and acknowledging one another's strengths, individually and collectively.

All staff members are a part of at least one multidisciplinary team, working alongside medical and health colleagues to provide a holistic approach to education and health for the patient. They have a liaison role and this assists the streamlining of information to and from health and MCHS personnel.

Staff members are allocated into three distinct Professional Learning Teams (PLT's): Literacy, Numeracy and Resilience, Rights and Respectful Relationships (RRRR). The RRRR staff members met on a weekly basis and developed rich learning tasks that could be taught across MCHS. Unfortunately due to Covid restrictions, MCHS was once again 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 Covid was related to technology and the accessibility to learning through online and virtual systems. In 2021, the children once again 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.

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 2021. It is expected that this remote learning' support will continue in 2022, 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 Covid pandemic period. 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 once again 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 pandemic.

At MCHS, the staff members noted that student's 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 Covid precautions and restrictions. The student think tanks/forums will be established in 2022 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.

MCHS ran two very successful education series for educators from across the state. The first professional learning

series was developed for teachers and integration aides who have children who are living with cystic fibrosis. This series was developed and delivered by medical, health and MCHS teaching personnel. The second series was designed for educators from around the state (and nationally) who were interested in developing their understanding and knowledge about working alongside children who are living with an acquired brain injury. This was the first year that this multidisciplinary professional learning series was run and it was also highly valued by participants.

MCHS has a strong 'Community of Practice' (CoP) with the following education organisations: Travancore, Avenues Education, YarraMe, The Austin and the Royal Children's Hospital. As a CoP, the leaders of each organisation meet twice a term. Please note that the annual conference in 2021 was not held due to the pandemic.

MCHS has also played a significant role in the HELP Alliance in 2021. This is an alliance that is made up of hospital schools from across Australia and New Zealand. MCHS members hold positions on the executive committee. The HELP Alliance is currently in a revitalisation phase and is recreating the philosophy and purpose of this group.

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## Wellbeing

3. Setting expectations and promoting inclusion plus Building Communities  
Key Improvement Strategy  
KIS 2: Happy, active and healthy kids priority (state-wide)  
KIS 3: Connected schools priority (state-wide)

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 student management system, COMPASS allowed staff members 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.

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 (department) 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 Covid pandemic period of 2021. MCHS and DET worked closely to ensure internet access was available to the patients as the MCH patient internet access was not initially adequate to meet the increasing education online demands for the students/patients. During the year, Monash Health updated their information technology band-width for the children's hospital and this in turn provided the students (and their families) with greater online access. 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 and needed access to online and remote learning.

All staff were provided with resources to allow them to effectively work from home, and on-site, to continue to provide online teaching when it was needed. These resources also allowed the staff members to have access to their PLT's, triads and the MCHS professional learning program and to generally stay connected with their MCHS/MCH colleagues during Covid. The resources consisted of laptops, iPads, mobile phones and head sets.

As mentioned earlier in the report, one of the highlights of 2021 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. Monash Health also provided some excellent wellbeing professional learning sessions for all staff and these were very much appreciated by MCHS staff members. Medical and health colleagues from MCH and ELMHS also provided expertise to the MCHS professional learning program. These included presentations from ELMHS personnel around mental health conditions/issues and focused on ways to further support young people who are navigating their way through the pandemic.

The collaboration between staff members of MCHS has been strong and there was a real sense of cohesion and connectivity throughout the Covid pandemic of 2020 and 2021. 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 last two year period were essential and outstanding.

Another key feature for 2021 was the way that MCHS staff stayed connected with one another and supported their colleagues throughout the year. The staff enthusiastically participated in weekly 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 regular basis and support was provided to each member of staff.

In 2021, the establishment of the MCHS 'Community' Team was achieved. This 'Community Team' consisted of staff members who were working with outpatients from Monash Children's Hospital and Early in Life Mental Health Services. In 2021, 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 Covid.

In 2021, the school completed all the preparation and documentation for the School Review which was then postponed due to the pandemic. The school review will take place in Term 1, 2022.

As a part of the 'Review', the staff members reflected on the highlights of the past 4 years and wanted to highlight the 'culture' that has been created in this unique environment. The school is extremely proud of the positive culture that has been developed over this time, a culture that has fostered collegiality and collaboration with a determined focus to provide exemplary education to inpatients and outpatients. The team members, individually and collectively, have embraced working within a hospital setting and ensured that MCHS has had a positive impact across the hospital and the aligned services. MCHS is now in a better position to understand how different departments of the hospital work and how, as a school, it can best meet their needs. MCHS has worked hard to clarify roles and responsibilities to ensure education and health 'boundary lines' are not crossed.

The MCHS team members celebrate and acknowledge successes and achievements and these are captured in daily/weekly and termly staff wellbeing sessions. Each Friday the staff members reflect on the joys of the week, the school has run 'random acts of kindness' weeks, celebrated personal milestones such as engagements, weddings, births, birthdays etc. There are term reflections created and over the past 4 years and these highlights have been captured in video format. Academic achievements have been celebrated by acknowledging staff who have completed masters, post graduate certificates, inclusive education courses etc. MCHS staff members have been able to openly and honestly share the highs and lows of working in this wonderful environment. The support that is provided by colleagues, to one another, epitomises the positive culture that exists within this school - a culture of care, support, compassion, expertise, inclusion, collegiality and joy.

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## Finance performance and position

The annual financial result was in surplus and this was strategically planned for. Equity funding of \$5000 was used to purchase literacy resources for children with specific learning needs (non-communicative) as well as STEM equipment

and resources. The school is in its fourth year of operation and its role is continually evolving. The major spend was around effectively resourcing a school, one where a personalised program for each student is developed and implemented. Specific equipment was purchased to provide the best learning environment for the patients/students especially in the area of Information Technology. Due to Covid there was an increase demand for online teaching and learning, students needed to effectively access their school work and 'live' classes online. The focus on remote learning was a major focus for MCHS in 2021. Additional resources were purchased for teaching staff to ensure quality online teaching could be provided, especially for children who were immuno-compromised and could not attend school due to COVID precautions. 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 Services and the outpatient clinical programs.

**For more detailed information regarding our school please visit our website at [For more detailed information regarding our school please visit our website at: monashchildrenshospital.school.vic.edu.au](https://monashchildrenshospital.school.vic.edu.au)**

# 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 2021, 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).

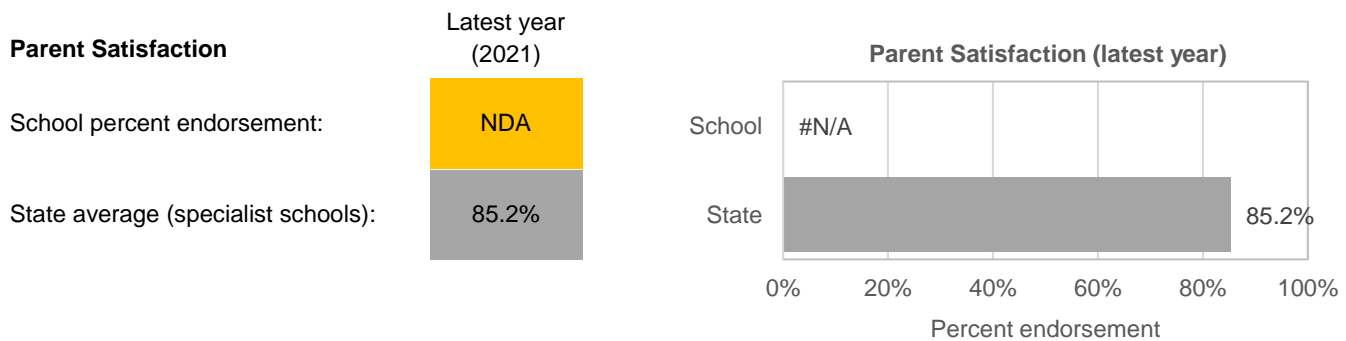
SFOE is a measure of socio-educational disadvantage of a school, based on educational and employment characteristics of the parents/carers of students enrolled at the school. Possible SFOE band values are: Low, Low-Medium, Medium and High. A 'Low' band represents a low level of socio-educational disadvantage, a 'High' band represents a high level of socio-educational disadvantage.

This school's SFOE 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.

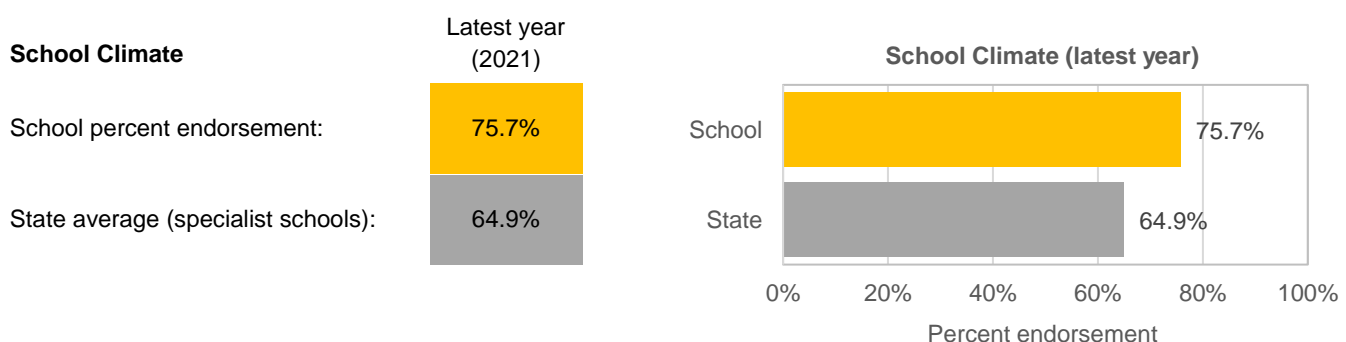


### School Staff Survey

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.



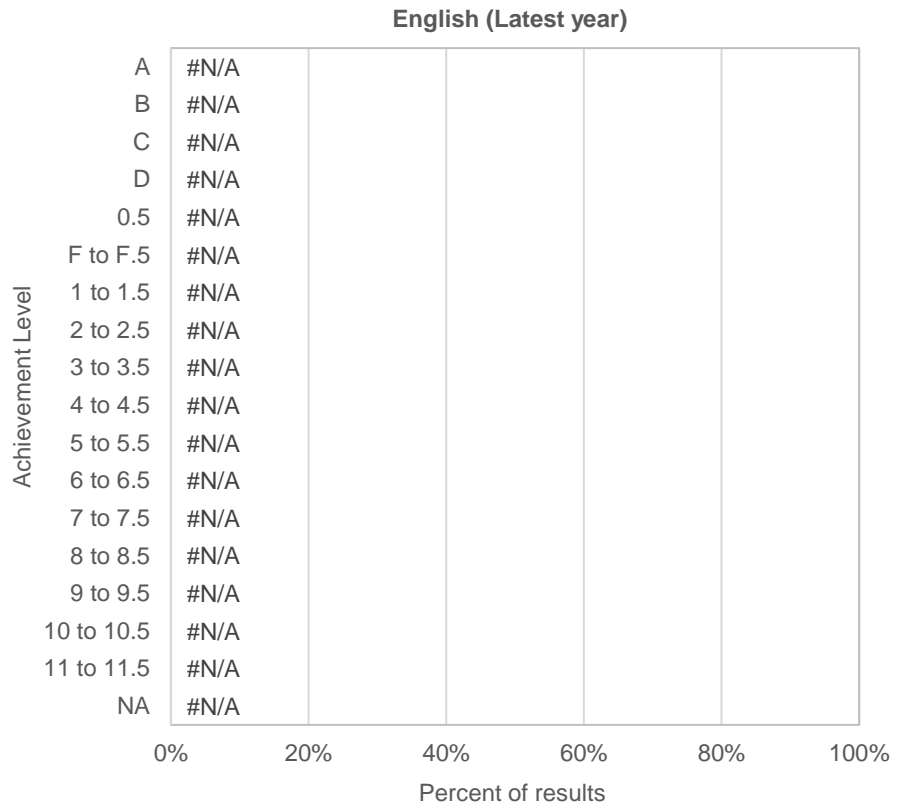
## ACHIEVEMENT

### Teacher Judgement of student achievement

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

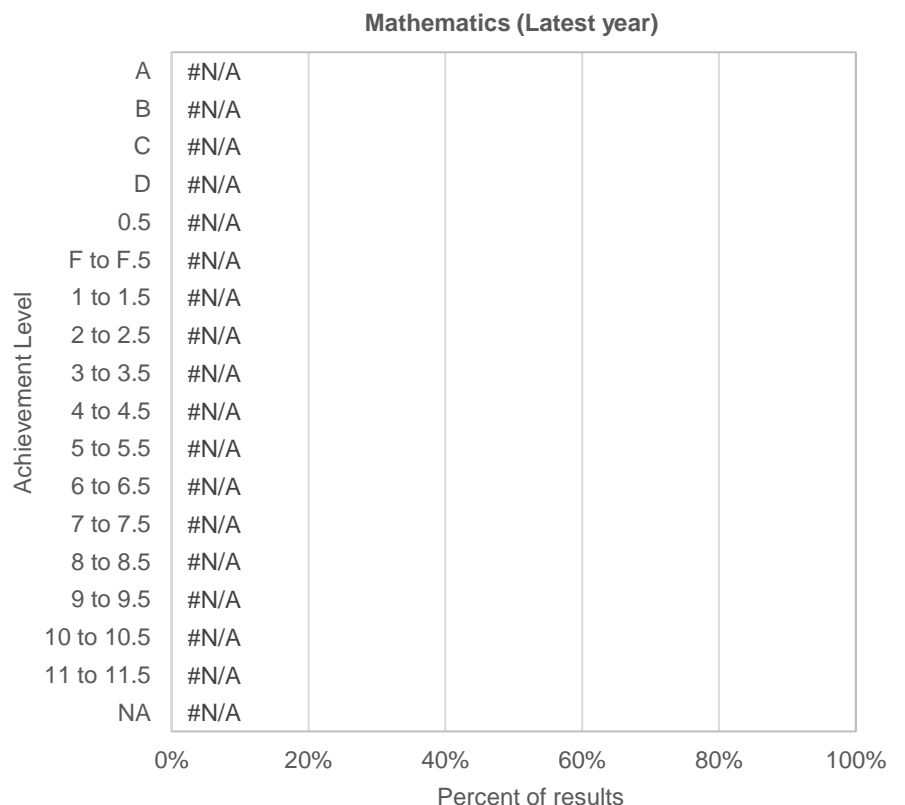
#### English

Achievement Level	Latest year (2021)
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 (2021)
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 and 2021 may have been influenced by COVID-19.

<b>Student Absence</b>	2018	2019	2020	2021	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'.

<b>Student Exits</b>	2018	2019	2020	2021	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, 2021

Revenue	Actual
Student Resource Package	\$8,237,070
Government Provided DET Grants	\$200,432
Government Grants Commonwealth	\$0
Government Grants State	\$0
Revenue Other	\$1,366
Locally Raised Funds	\$23,542
Capital Grants	\$0
<b>Total Operating Revenue</b>	<b>\$8,462,410</b>

Equity <sup>1</sup>	Actual
Equity (Social Disadvantage)	\$5,000
Equity (Catch Up)	\$0
Transition Funding	\$0
Equity (Social Disadvantage – Extraordinary Growth)	\$0
<b>Equity Total</b>	<b>\$5,000</b>

Expenditure	Actual
Student Resource Package <sup>2</sup>	\$2,651,031
Adjustments	\$0
Books & Publications	\$2,877
Camps/Excursions/Activities	\$0
Communication Costs	\$4,492
Consumables	\$25,559
Miscellaneous Expense <sup>3</sup>	\$8,079
Professional Development	\$14,533
Equipment/Maintenance/Hire	\$43,429
Property Services	\$935
Salaries & Allowances <sup>4</sup>	\$39,916
Support Services	\$67,493
Trading & Fundraising	\$791
Motor Vehicle Expenses	\$0
Travel & Subsistence	\$24,344
Utilities	\$0
<b>Total Operating Expenditure</b>	<b>\$2,883,479</b>
<b>Net Operating Surplus/-Deficit</b>	<b>\$5,578,931</b>
<b>Asset Acquisitions</b>	<b>\$0</b>

- (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 25 Feb 2022 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 2021

<b>Funds available</b>	<b>Actual</b>
High Yield Investment Account	\$85,950
Official Account	\$144,847
Other Accounts	\$0
<b>Total Funds Available</b>	<b>\$230,797</b>

<b>Financial Commitments</b>	<b>Actual</b>
Operating Reserve	\$38,741
Other Recurrent Expenditure	\$0
Provision Accounts	\$0
Funds Received in Advance	\$0
School Based Programs	\$75,000
Beneficiary/Memorial Accounts	\$0
Cooperative Bank Account	\$0
Funds for Committees/Shared Arrangements	\$0
Repayable to the Department	\$0
Asset/Equipment Replacement < 12 months	\$0
Capital - Buildings/Grounds < 12 months	\$0
Maintenance - Buildings/Grounds < 12 months	\$0
Asset/Equipment Replacement > 12 months	\$0
Capital - Buildings/Grounds > 12 months	\$145,000
Maintenance - Buildings/Grounds > 12 months	\$10,000
<b>Total Financial Commitments</b>	<b>\$268,741</b>

*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.*