**Study Support Centre Start Up Report**

| Provider Legal Name Start Up Report  Report Period: the first 8 weeks following the beginning of Term 1  Please also complete the attached NSN reporting template. | | | |
| --- | --- | --- | --- |
| **Reporting measure description** | **Yes** | **No** | **If no, please explain** |
| 1. Student enrolment details including NSN numbers are provided in the template attached. |  |  |  |
| 1. All students have a study plan developed that meets the minimum criteria in Appendix 12. |  |  |  |
| 1. All staff been appropriately vetted |  |  |  |
| 1. A registered teacher is appointed to run the center |  |  |  |

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| **Report Due Date** |
| 5th April |

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| --- | --- |
| Signed: |  |
| Date: |  |
| Name: |  |
| Position: |  |

**Study Support Centre NSN Reporting template**

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|  | **NSN Number** | **Year level** | **Current School** | **Ethnicity** | **Date of enrolment** | **Date of exit** | **Goals set for area of learning from ‘The New Zealand Curriculum’** | |
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