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| --- | --- | --- | --- | --- | --- |
| Transition from school for students with disability | | | | | |
| Requirements | | | | | |
| Complete and return both sections of the form:   * Project completion report 20XX * Financial Acquittal statement 20XX | | | | | |
| By: | Project must be acquitted by Friday Week 9 Term 2 20XX | | | | |
| To: | Senior Education Advisor, Transition from School  Student Wellbeing and Inclusion  Department of Education  GPO Box 4821, Darwin, NT 0801  [sesupport.det@nt.gov.au](mailto:sesupport.det@nt.gov.au)  Phone: 8944 9335 | | | | |
| Project completion report 20XX | | | | | |
| School | |  | | | |
| Project title | |  | | | |
| Project outcomes | | | | | |
| Outcome | | | | | Achievement of outcome |
|  | | | | |  |
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|  | | | | |  |
| Transition planning meetings held | | | | | |
|  | | | | | |
| Overall project strengths | | | | | |
|  | | | | | |
| Overall project weaknesses | | | | | |
|  | | | | | |
| Overall project value – to your students/school or to work transition/curriculum/school/community etc | | | | | |
|  | | | | | |
| Financial acquittal statement 20XX | | | | | |
| School | |  | | | |
| Project title | |  | | | |
| Grant received | | $ | | | |
| Statement of expenditure | | | | | |
| Details of expenditure items | | | | | Cost $ |
|  | | | | |  |
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| Total | | | | |  |
| Balance, if any | | | | |  |
| Any unspent funds are to be returned to Transition from School, Student Support. Any profits generated are to be returned to the school budget. | | | | | |
| I certify: That the information shown in this acquittal statement is an accurate summary of receipts and payments for the project. | | | | Yes/No | |
| Principal name | | |  | | |
| Signature | | |  | | |
| Date | | |  | | |
| form | | | | | |
|  | | | | | |