**To be completed by your Form Tutor and Head of Year/Key Stage Manager at your present school**

Full Name:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Reference** | | | | | | |
|  | **Very good** | Good | | Average | | Poor |
| **Self Management & Development** | | | | | | |
| Attitude towards learning |  |  | |  | |  |
| Managing own time    |  |  | |  | |  |
| Independent Study Skills    |  |  | |  | |  |
| Punctuality: %          |  |  | |  | |  |
| Attendance: %          |  |  | |  | |  |
| Understanding goals and objectives    |  |  | |  | |  |
| Evidence of adaptability    |  |  | |  | |  |
| Reliability   |  |  | |  | |  |
| Effort/motivation/commitment    |  |  | |  | |  |
| Behaviour   |  |  | |  | |  |
| Attitude towards staff    |  |  | |  | |  |
| **Working with & Relating to Others** | | | | | | |
| Inter-personal skills    |  |  | |  | |  |
| Teamwork   |  |  | |  | |  |
| Communicating | | | | | | |
| Ability to communicate in writing    |  |  | |  | |  |
| Ability to communicate orally    |  |  | |  | |  |
| Managing Tasks & Problem Solving | | | | | | |
| Use of ICT to support learning   |  |  | |  | |  |
| Use of information sources    |  |  | |  | |  |
| Ability to deal with tasks    |  |  | |  | |  |
| Ability to solve problems    |  |  | |  | |  |
| Suitability for the proposed course of study | | | | | | |
|  |  |  | |  | |  |
| **Do you have any reservations in supporting this application? If so, please give your reasons** | | | | | | |
|  | | | | | | |
| **Has the applicant ever been excluded from school? If so, please provide details.** | | | | | | |
|  | | | | | | |
| **Please outline the nature of support needed by this student if applicable** | | | | | | |
| Does the student have a statement of SEN? | | Yes |  | No |  | |
| Has the student received learning support? | | Yes |  | No |  | |
| Does the student require English Language support? | | Yes |  | No |  | |
| Please give details of the support received: | | | | | | |
| Has the student been referred to an external agency eg CAMHS?  If yes, documentary evidence must be provided with this application. | | Yes |  | No |  | |

|  |  |  |
| --- | --- | --- |
| **Free School Meals Entitlement** | Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children in Public Care** | | | | | |
| Is the student in the care of a Local Authority? | Yes |  | No |  |
| Was the student previously in care and now adopted, or subject to a residence order or a special guardianship order? | Yes |  | No |  |
| If yes, please state which Local Authority: |  | | | |
| If yes, documentary evidence must be provided with this application. (eg a letter from the Local Authority Social Services Department or court order). | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **11. Signatures** | | | |
| ***I have verified all information given, including the grades provided by the student in the online application form.*** | | | |
| Form Tutor signature: |  | Date: |  |
| Please print Form Tutor name: |  |  |  |
| Head of Year/Key Stage Manager signature: |  | Date: |  |
| Please print HOY/KSM name |  |  |  |