

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing own time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality: %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance: %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/motivation/commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with & Relating to Others				
Inter-personal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating				
Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Tasks & Problem Solving				
Use of ICT to support learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of information sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for the proposed course of study				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the student received learning support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the student require English Language support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Free School Meals Entitlement				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Children in Public Care				
Is the student in the care of a Local Authority?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was the student previously in care and now adopted, or subject to a residence order or a special guardianship order?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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>I have verified all information given, including the grades provided by the student in the online application form.</i>				
Form Tutor signature:			Date:	
Please print Form Tutor name:				
Head of Year/Key Stage Manager signature:			Date:	
Please print HOY/KSM name				