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

Full name of student:

Name of present school:

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| --- |
| **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 an Education and Health Care Plan (EHCP)? | 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 | [ ]  |

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| **Free School Meals Entitlement** | [ ]  Yes  | [ ]  No |

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| **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). |

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| **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 |  |  |  |