

# SCHOOL/COLLEGE REFERENCE

## REFEREE TO COMPLETE



PLEASE LIST SUBJECTS, EXAMINATIONS, QUALIFICATIONS ALREADY ACHIEVED AND ESTIMATED GRADES BELOW

SUBJECT	EXAM (if not GCSE)	ESTIMATED GRADE	ALREADY TAKEN DATE ACHIEVED	SUBJECT	EXAM (if not GCSE)	ESTIMATED GRADE	ALREADY TAKEN DATE ACHIEVED

This reference section must be completed by your tutor or head of year at your current school or college before the application form is sent to BSIX

### NAME OF STUDENT: \_\_\_\_\_

This is an open reference and will be discussed with students at interview to review their current performance and to guide their final choices at enrolment.

**PLEASE TICK THE RELEVANT BOX**

Attendance (please give the % as well as ticking the appropriate box)

Punctuality (please give the % as well as ticking the appropriate box)

Attitude to study

Cooperation with staff

Relationships with other students

Are there any extenuating circumstances to explain any of the judgement above?

	Excellent	Good	Fair	Poor	%
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Attitude to study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationships with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_

\_\_\_\_\_

Has the student been involved in serious misconduct in the last two years? Yes  No

Please provide information about the misconduct, including any improvement in behaviour and conduct since the incident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### LEARNING NEEDS

Please tick any of the categories of support that might be necessary for this student and provide further information where needed.

- LITERACY
- NUMERACY
- EAL (English spoken as an additional language)
- LEARNING NEED OR DISABILITY
- PHYSICAL DISABILITY
- VISUAL/HEARING IMPAIRMENT
- MEDICAL CONDITION
- PERSONAL/EMOTIONAL
- EXAM ACCESS ARRANGEMENTS

Does the student hold an EHCP (Education Health and Care Plan) Yes  No

Is the student a looked after child (LAC)? Yes  No

If yes, which local authority? \_\_\_\_\_

Does the student live independently? Yes  No  Is the student a care leaver? Yes  No

NAME OF REFEREE: \_\_\_\_\_

SCHOOL/COLLEGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REFEREE SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Thank you for your help.

SCHOOL/COLLEGE STAMP: