

Confidential Reference Form

Learning Support And Special Needs

Dear Referee,

In order for us to proceed with the application, we would appreciate it if you could complete this confidential reference form. Please be assured that any information that you share will be kept confidential.

Full Name of Student:	
Date of birth:	
Gender:	
Name of school:	
Country/ City:	
Current Year/ Group:	
Date of admission to your School:	
Name of Referee:	
Position held by Referee:	

Section A - Special Educational Needs

Please fill in the sections with a tick in the box that best describes the applicant

Description	Yes	No
Gifted & talented or exceptionally able		
Specific learning difficulty/ Dyslexia		
Developmental coordination disorder/dyspraxia		
Dysgraphia		
Attention deficit hyperactivity disorder		
Speech and language developmental delay/disorder		
Autistic spectrum disorder		
Oppositional defiant disorder		

Physical condition that impacts curriculum access		
Other (Please state)		

If yes, please outline the dates and conclusions of assessments conducted by psychologist, specialist teacher, speech/language therapist, occupational therapist, counsellor, psychiatrist and/or other specialist.

Date:	Assessment:	Conclusion:

Where possible please submit copies of assessment reports completed within the last three years **Section B -**

Support received by child

Description	Date
English as a second language programme	
In-class learning support (with an assistant teacher)	
Learning support interventions (withdrawn from class)	
Access arrangements for tests or examination(eg. Extra time, lap top, reader, read aloud)	
Gifted and talented programme	
Counselling	
Speech and language therapy	
Occupational therapy	
Medical intervention (eg. for AD/HD)	
Other	

Please feel free to write any comments or concerns you have regarding this student's needs and abilities. Please comment in the box below for example about severity of learning, effectiveness of interventions, nature of gifted and talented, type of access arrangements for examinations etc.

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If you would prefer us to call you please leave your telephone details below.

Your Telephone Number:	
Best Time To Call:	
Email Address:	
Signature:	
Date:	

Thank you for your support in completing the reference form. Can you please email the reference form back to admissions@ncbis.co.uk in the subject of your email please write "reference for (insert the student's name) from (insert your school name)"