

Reference request

Please ask your most recent school or college to complete this.

Student name:		Date of birth:	
School/college:			

Support needs: Please speak to your school SENCO to fill out this section as accurately as possible.

Is this student on the Special Needs Register? YES NO

If yes, please state the specific learning need:

- Autism Spectrum Disorder
 Visual Impairment
 Multi-Sensory Impairment
 Hearing Impairment
 Specific Learning Difficulty
 Profound & Multiple Learning Difficulties
 Moderate Learning Difficulty
 Severe Learning Difficulty
 Behaviour, Emotional & Social Difficulties
 Physical Disability
 Other Difficulty / Disability
 Speech, Language & Communication difficulty

Was this student born in the UK? YES NO

If no, how long have they lived in the UK? _____ Years

Please state any access arrangements that the student received at school:

- Extra time _____%
 Reader
 Other – please state _____
 Enlarged texts
 Scribe

Type of course recommended: Please tick the relevant boxes and comment in appropriate

- 1: Entry Basic Skills
 2: Level 2 BTEC/CTECH, Maths / English
 3: Level 3 CTECHs & A-levels

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Attendance: Please state % if available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality: Please state % if available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with students:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's suitability for the programme applied for:

Name of referee:		Position:	
Signature:		Date:	

Mulberry UTC

Where learning works

