

CONFIDENTIAL REFERENCE FORM

Please have this form completed by the Class Teacher, Form Tutor or Head of Year as appropriate, to be returned directly to SMS Admissions at registrar.sms@forteseducation.com



**SUNMARKE
SCHOOL**
Where Amazing Happens™

Student Name:		Name of School:	
Curriculum Type:		Location:	
Current Year / Grade:		Leaving Date (if applicable):	
First Enrolled:			

PREVIOUS SCHOOLS:

Academic Year	School Name

Special Education Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a copy of the IEP and Educational Psychologist report if applicable.
Disciplinary Issues:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain further on page2.
Attendance 95% or Higher:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <95%, please give %
Does your school use CPOMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the student's UPN:

ACADEMICS					
	UNABLE TO ASSESS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL
Writing Ability					
Verbal Ability					
Homework Completion					
Attitudes to learning					
Ability to work with others					

SOCIAL EMOTIONAL DEVELOPMENT					
	UNABLE TO ASSESS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL
Accepts consequences					
Well mannered					
Follows directions					
Leadership skills					
Self-esteem					

1. Is the student currently or has the student received academic support? If yes, please give details.

2. Has this student had a psychological/educational assessment? If yes, give details.

3. Does the student have a formal identification/ Statement? If yes, please specify:

