

# 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 RIS Admissions at registrar.ris@forteseducation.com



**R E G E N T**  
INTERNATIONAL SCHOOL  
Inspiring Minds. Building Character.™

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.

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

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

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4. Has the student been involved in any issues of unsatisfactory conduct at any point in the last 3 years? If yes, please list/ explain the nature of these issues.

5. In the last 3 years, has the student been placed on any kind of monitoring/support plan for behavior/ attendance/punctuality/attitude to learning? If yes, please supply us with a summary.

6. How would you describe the support from parents in regards to ensuring their child’s compliance with all school policies and procedures?

OVERALL RECOMMENDATION

- ☐ Strongly Recommended
- ☐ Recommended with Reservation
- ☐ Recommended
- ☐ Not Recommended

SCHOOL  
STAMP

Name:		Signature:	
Title/Position:		Date:	

TO BE COUNTERSIGNED BY HEAD OF SCHOOL

Name:		Signature:	
Title/Position:		Date:	