

**CONFIDENTIAL EDUCATION REPORT - APPLICATION FOR ADMISSION
YEAR 3 TO YEAR 6**

Student's Name _____ Date of Birth _____ Current Year/Grade _____

School Name & Country _____ Is English the language of instruction _____

We have received an application for the above student to join Year _____. To assist in the admissions process, we would be extremely grateful if you would complete this form and return it to the school by email at admissions@tts.edu.sg.

Name of Referee _____ Position Held _____

Email _____ Telephone Number _____ Date _____

How long have you known the child? _____ How long has the child attended your school? _____

Student's Language	
Is English the student's first language?	Is English the language used at home?
In what other languages is the student proficient?	Beginner Intermediate Advanced

Academic Performance:	Working Beyond	Working Within	Working Towards	Current Assessed Level
English				
Mathematics				
Science				
CAT Scores	Verbal:	Non-verbal:	Quantitative:	Spacial:

Attribute	Please tick the box that best relates to the student. If satisfactory or developing or needs support is ticked, please expand under areas for development section.			
	Excellent	Good	Satisfactory	Developing or needs support
Attitude / Behaviour				
Attendance				
Punctuality				
Concentration / Focus				
Organisation				
Initiative				
Communication Skills				
Interaction with peers				
Proficiency in written English				
Proficiency in spoken English				
Proficiency in Technology/ICT				

Please tick the boxes that describe the characteristics of the student.								
Confident	Creative	Capable	Conscientious	Caring	Verbal Communicator	Sporty	Musical	Artistic

Please indicate any particular areas of strength.

Please indicate any particular areas for development.

Does the child have any Special Educational Needs/Disabilities (SEND) or previous involvement (including assessments) with any of the listed professionals below?

Speech and Language Therapy (SaLT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Psychologist (EP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy (OT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical Psychologist (CP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Pediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Learning Plan? (PLP/IEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any identified or diagnosed need/s? ☐ Yes ☐ No (if yes, please specify) _____

Any referrals, assessments or reports? ☐ Yes ☐ No (if yes, please specify) _____

Has the child had any screening assessment for ☐ Hearing and/or ☐ Vision?

Does the student have any history of depression or anxiety/health related problems? Has the student required counselling or support?

Is there anything about the family dynamics that would be helpful for us to know? E.g. Parental conflict, separation, bereavement, divorce, adoption, etc.

Any further information which may be of use in placing this student in our school?

School stamp: