



BRIGHTON COLLEGE
(SINGAPORE)

**STUDENT REFERENCE REPORT
YEAR 3 TO YEAR 6**

Child's Name _____ Date of Birth _____
School Name _____ Current Year Level _____

We have received an application for the above child to join Brighton College (Singapore). To assist in the admissions process, we would be grateful if you would complete this form and return it to us by email to enquiries@brightoncollege.sg as soon as possible.

Teacher Referee _____ Position Held _____ Date _____
Email Address _____ Contact number _____

Academic Level	Below Average	Average	Above Average
English – Reading			
English – Writing			
Maths			
Science			

Child's Development Information	Below Average	Average	Above Average
Social interaction with others			
Communication skills			
Behaviour			
Attendance			
Concentration			
Organisation			
Enthusiasm for learning			
Overall academic ability			
Child's areas of strength:			
Child's areas of further development, if any:			

Child's Language	
What is the child's first language?	
What other languages are spoken at home with the child?	
Can the child access the curriculum in English without additional support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

BRIGHTON COLLEGE (SINGAPORE), 1 CHUAN LANE, SINGAPORE 554299

www.brightoncollege.sg

enquiries@brightoncollege.sg

+65 6505 9790



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Additional Information:

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

Speech and Language Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Psychologist <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical Psychologist <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 Paediatrician <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Education Plan (IEP) or Behaviour Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you aware of any identified or diagnosed need/s? Yes No (if yes, please specify)

Dyslexia, Asperger or Autism (ASD), Dyspraxia, Dyscalculia, Visual Hearing impairment,
Other

Are you aware of any referrals, assessments or reports? Yes No (if yes, please specify)

Is there any information about the child's family situation that it would be helpful for us know?

Is there any further information which may be of use to us in placing this child in our school?

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