



BRIGHTON COLLEGE
SINGAPORE

STUDENT REFERENCE FORM
YEAR 1 TO YEAR 2

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			

Child's Development Information	Below Average	Average	Above Average
Behaviour			
Social interaction with others			
Ability to work in groups			
Interaction with adults			
Speech and Language Development			
Concentration			
Gross motor skills			
Fine motor skills			
Handwriting			
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



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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?

