

QUESTIONNAIRE FOR REFEREES FOR PROSPECTIVE A Level CANDIDATES 2016

Candidate's Forename(s)	Surname	Candidate No [-
		ate of Birth (DD.MM.YYYY)	
(This form should be completed of	learly and signed by the n	most senior member of staff who has had od relatives or relatives through marriage	•
1. Name of candidate's referee: _			
Address:			
Contact: Telephone	Fax	Email	
2. How long have you known the	candidate?		
3. What is your connection to the	candidate?		-
4. Has the candidate ever suffered	from any illness?	Yes/No/Not known	
5. If Yes, what was the illness and	when?		
6. How many days has the candid holidays)?			
7. For how many years has the ca	ndidate attended school?		
8. What are the candidate's best s	subjects?		
(1)((2)	(3)	
9. What subject/s does the candid	ate find most difficult?		
(1)	. (2)	(3)	
10. In which of the science subjec	ts is the candidate strong	est? Chemistry/Physics/Biology	
11. Please comment on the candid	lates essay writing and cr	itical reading skills.	
12. How would you describe the p	ersonality of the candidate	e?	
13. Please comment on the candid ranking.	late's ability in Mathemati	cs and their current class ranking/school	

14. Has the cand community serv		olved in additional activit scribe)	ies in or out of scho	ol, includi	ng any		
15. What doe	es the candidate	e prefer to do (tick one ir	n each group):				
Group A	ii. Wo	Take the lead in any group of people? Work with a team? Work alone? o					
Group B	i. Lo	ok alone? ok out for jobs that need ait to be instructed what		0 0 0			
Group C	i. Fin	Find new ways to achieve objectives? o Use ways which are known to work? o					
l6. How wou	ld you rate the	candidate's overall abilit	y?				
		Academic	Physical activit	:у	Social		
Outstanding							
Well above a							
Above avera	ye						
Average							
Below average Well below a					_		
Trem below a	· c. age						
l6. Do you cons his programme		andidate would be succes in)	sful with the acaden	nic and so	cial demands of		
17. How does th	e candidate co _l	pe with emotional/social	difficulties? (Please t	tick)			
Extremel	y well o We	ell o Poorly o Extre	mely poorly o				
_		you have on the candid					
Signed:							
Position in schoo	l:		Date:				
To be countersig	ned by the Hea	ad Teacher of the school					
		Head Teacher	School stamp:				
Date							
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Thank you for your assistance. Please attach relevant school reports

Attached: A level Study Programme – information sheet