



CONFIDENTIAL STUDENT REFERENCE FORM

Student Name

Current Grade Level

As part of the application process to Providence Secondary School, I hereby authorize the release of information regarding my child (named above).

Parent/Guardian Signature: _____

Date:

Parent/Guardian Name

Present School

Date of Entry

Dear School Principal or Teacher

The student named above has applied to Providence Secondary School. The information below is required as part of the application process. Please complete pages one and two, where applicable, and send to: renee.trotman@psbarbados.com. Information will be kept in the strictest confidence.

1. How long have you known this student and in what capacity?

2. Are there any significant discipline or behavioral issues with this student?

YES

NO

If yes, please explain:

3. Have all fees due to your school been paid on time?

YES

NO

4. Is there any outstanding debt to your school?

YES

NO

	Poor	Below Average	Average	Above Average	Excellent
5. How supportive are the student's parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How well does the student get along with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How well does the student respond to authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How is the student's attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the student follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How would you rate the student's self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the student accept consequences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the student display appropriate behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Poor	Below Average	Average	Above Average	Excellent
13. What is the student's overall academic standing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How would you categorize the student's study habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. What is this student's motivation to learn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Please rate this student's attendance to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Has this student been involved in acts of dishonesty? YES NO

If yes, please explain:

18. Would you recommend Learning Support services for this student? YES NO

If yes, please explain:

18. Does this student have an IEP/ILP*? YES NO

19. Is this student eligible to re-enter your school next term, space permitting? YES NO

Name, title of School Official completing this form:

Signature: _____

Name of School:

Date:

Email:

Phone:

Please check the following if they apply for this student as they relate to your School. If available, please ensure these are provided to Providence Secondary School:

Report cards and progress reports for previous 2 years

Psychological reports

Special education reports (Social Worker, IEPs. Or ILPs*)

Standardized testing results

*IEP: Individualized Education Plan; ILP: Individualized Learning Plan.