



Independent Schools
Examinations Board

HEAD'S REPORT

Name	Date of birth	Age
Present school	Date of entry	
Senior school	Date of entry	

RESULTS OF RECENT STANDARDISED TESTS

	score	age at test	name of test
Reading Age <i>in years/months</i>			
Spelling Age <i>in years/months</i>			
Verbal Reasoning			
Non-Verbal Reasoning			
English			
Mathematics			
Other <i>(please specify)</i>			

ACADEMIC ABILITY WITHIN YEAR GROUP

Please tick.

	top 10%	top 20%	top 50%	bottom 50%	bottom 25%
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	top 10%	top 20%	top 50%	bottom 50%	bottom 25%
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classical Languages <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games/PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern Languages <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERESTS AND ACHIEVEMENTS

MUSIC

Please mention instruments played, grades reached, membership of choirs/orchestras etc.

SPORT

Please give details of any individual sporting interests, team membership, successes etc.

OTHER INTERESTS

Please comment on enthusiasms and talents outside the classroom.

PERSONAL QUALITIES AND CHARACTER

Please include attitude to work, reliability, leadership qualities, confidence, responsibilities undertaken and relationships with peers/staff.

HOME BACKGROUND

Please include details of any bursaries, siblings' education and any family or other circumstances of which the senior school should be aware.

HEALTH

SPECIAL NEEDS

Please give details of any specific learning difficulties and remedial work given, or state whether registered as gifted and talented.

ANY OTHER COMMENTS**OVERALL ASSESSMENT**

Please tick the box which summarises performance inside and outside the classroom.

excellent	very good	above average	average	weak
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEAD'S SIGNATURE

Name in block capitals	Date
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