NOTRE DAME CATHOLIC SIXTH FORM COLLEGE

**STUDY SUPPORT Self Referral Form**

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| **Student Name:** | **Tutor Group:** | **Date:** |
| **Student Number:** | **Subject(s):**  |
| **Please state which areas you are struggling with:** * Literacy
* Numeracy
* Time management/organising workload
* Planning and structuring extended writing
* Revision skills
* Exam technique
 |
| **Other specific support requested:** |

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| **LEARNING SUPPORT DEPARTMENT RESPONSE** |
| **Support allocated:** **Staff member:****Day/time:** |  |
| **Notes:** |  |