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:** |  |