

Learning Support & Mentorship Form

Help us understand your child's learning needs so we can provide the best possible support.

SECTION 1 — STUDENT DETAILS

Student Full Name	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Current School	Year Group
<input type="text"/>	<input type="text"/>
First Language	English Proficiency Level
<input type="text"/>	<input type="text"/>

SECTION 2 — ACADEMIC PROFILE

Curriculum (e.g. GCSE / A-Level / IB / Other)	Examination Board
<input type="text"/>	<input type="text"/>
Target Grades / Universities	Predicted Grades (if known)
<input type="text"/>	<input type="text"/>

Subjects requiring support (please list):

Current academic strengths:

Academic areas of concern or difficulty:

SECTION 3 — LEARNING NEEDS & SUPPORT HISTORY

Has your child been assessed for any learning differences (e.g. dyslexia, ADHD, EAL)?

Yes

No

Not sure

If yes, please provide details:

Has the student previously received private tutoring or learning support? If so, please describe:

SECTION 4 — GOALS & MENTORING PREFERENCES

What are the student's main goals for mentorship? (e.g. exam results, university applications, confidence, study skills)

Preferred Session Frequency <input type="text"/>	Session Format (In-person / Online / Both) <input type="text"/>
Days / Times Available <input type="text"/>	Student's Timezone <input type="text"/>

SECTION 5 — WELLBEING & PASTORAL NOTES

Please share any information about the student's emotional wellbeing, social situation, or pastoral concerns that would help us to support them effectively:

GP / Doctor Name (if applicable) <input type="text"/>	Any current medication? <input type="text"/>
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SECTION 6 — PARENT / GUARDIAN CONTACT

Parent / Guardian Full Name <input type="text"/>	Relationship to Student <input type="text"/>
Email Address <input type="text"/>	WhatsApp / Phone <input type="text"/>
Country & Timezone <input type="text"/>	Preferred Update Frequency <input type="text"/>

DECLARATION

I confirm that the information above is accurate and consent to Connections Guardianship Ltd using it to arrange appropriate learning support and mentorship for my child.

Parent / Guardian Signature:

Print Name:

Date: