** CONFIDENTIAL PERSONAL RATING FORM**

**SCHOOL COUNSELOR - *Applicants to Grades 6 - 12***

*The American School of Paris is an independent coeducational day school enrolling approximately 850 students in grades Pre-kindergarten through 12th, with an option for a 13th year. The Admissions Office would appreciate your confidential opinion of the candidate. \*\* Parents have signed permission for ASP to request this information and have waived the right to access the information you give us on this form.*

*Please* ***complete*** *form and* ***return*** *via airmail, fax (+331.41.12.82.47) or email (admissions@asparis.fr)* ***to the American School of Paris, Admissions Director*** *or transmit to parents directly in a stamped and sealed envelope.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of student:** |  | | | | **Applying for grade:** |  |
| **Name of evaluator:** | |  | | | | |
| **Position** *(teacher, counselor, specify if other)* | | | |  | | |
| **Name of present school:** | | |  | | | |
| **City/Country of School:** | | |  | | | |
| **Length of time acquainted with student:** | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **How often do you have contact with this student?** | **Daily** | **Weekly** | **Occasionally** |

**Personal Qualities of above applicant:** *(****Check*** *the box in each area that BEST DESCRIBES this student.)*

|  |  |  |
| --- | --- | --- |
| **Academic Ability:**  Excellent  Good  Average  Below average  No basis for judgment | **Academic Motivation:**  Excellent  Good  Average  Below average  No basis for judgment | **Study Habits & Organization:**  Excellent  Good  Average  Below average  No basis for judgment |
| **Maturity:**  Very mature for age  Age appropriate  Somewhat immature  Very immature  No basis for judgment | **Social Adjustment with peers:**  Healthy relationships  Occasional minor problems  Frequent minor problems  Relates poorly  No basis for judgment | **Self Confidence:**  Appears overly confident  Has healthy self-image  Needs some support  Needs much reassurance  No basis for judgment |
| **Conduct:**  Well-behaved  Usually obeys rules  Occasionally misbehaves  Frequently misbehaves  No basis for judgment | **Consideration of others:**  Usually thoughtful of others  Mostly thoughtful of others  Rarely considerate of others  Selfish  No basis for judgment | **Sense of Humor:**  Delightful  Good  Inappropriate  Reserved  No basis for judgment |
| **Integrity:**  Very trustworthy  Usually trustworthy  Occasionally trustworthy  Untrustworthy  No basis for judgment | **Extra Involvement at school in:**  Art  Band/Chorus/Choir/Strings  Drama/Dance  Sports  No basis for judgment | **Attitude of parents:**  Cooperative  Uninvolved  Overly protective  Antagonistic  No basis for judgment |

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**** **CONFIDENTIAL PERSONAL RATING FORM – School Counselor** *page 2*

⮚Has this student received any of the help listed below at your school, and do you feel that these services need to be continued: *Please* ***check*** */* ***complete*** *as appropriate:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | Received | **Period/Hours/week** | **Needs to be continued** |
| * English as a Second Language | **Yes No** |  | **Yes No** |
| * Special Education Support | **Yes No** |  | **Yes No** |
| * Remedial Help/Tutoring | **Yes No** |  | **Yes No** |
| * Speech Therapy | **Yes No** |  | **Yes No** |

**⮚**Indicate the applicant’s overall current academic placement within your school:*Please* ***tick*** *most appropriate*

|  |  |  |
| --- | --- | --- |
| Top half of class | Average range | Below average |

**⮚**Does student have special ***psychological / emotional / behavioral*** needs that need to be addressed in our school?

Has there been any ***disciplinary action*** as a consequence?  **Yes No**

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| --- |
| *If yes, please explain* |

**⮚**Do you have any reason to suggest that student be evaluated and/or referred for special educational or psychological services? **Yes No**

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| --- |
| *If yes, please explain* |

**⮚**Are there any special strategies or interventions that have been used with this student that you would recommend we continue? **Yes No**

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| --- |
| *If yes, please explain* |

**⮚**Are there any special testing results or evaluations of which you are aware? **Yes No**

|  |
| --- |
| *If yes, please explain* |

**⮚**Is this child receiving any special medication related to assisting him/her in the school setting? **Yes No**

|  |
| --- |
| *If yes, please explain* |

Additional comments about this child’s academic strengths, weaknesses, learning style, social skills and/or personal qualities would be greatly appreciated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***\*\*\* I hereby certify that the information above is accurate and complete to the best of my knowledge. \*\*\**** | | | | |
| **Signed** |  | | **Date:** |  |
| *If you would like us to call you concerning this student, please check here.* | | | | |
| **Email** **@** | | **Telephone** | | |