** 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**

|  |
| --- |
| *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**

|  |
| --- |
| *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**

|  |
| --- |
| *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**  |