 **CONFIDENTIAL TEACHER REPORT**

***Applicants to* *Grades EC3 - K1 – K2 – 1***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of evaluator:** |  | **Position** |  |

**TO THE HOMEROOM TEACHER:** *The following questions will be used confidentially as a guide for us to place the child in a class grouping most suitable to his or her needs. If the student is moving from a different country, this may be a fundamental change in the child’s life. We would appreciate any information which will help us ease this adjustment. \*\*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 present school:** | |  | | |
| **City/Country of School** | |  | | |

|  |  |  |
| --- | --- | --- |
| **★Name of reading readiness program, if applicable** | |  |
| *Textbook title:* | | |
| **★Name of mathematics program, if applicable** | |  |
| *Level* | | |
| **★On what lines is the present classroom run?** *(e.g. traditional, open-class, non-graded, multi-age, team-teaching)* | | |
|  | | |
| **★How many students in class?** | **Does child function well under this teaching style?** | |
|  | **Yes**  **No** | |

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

|  |  |  |
| --- | --- | --- |
| **Maturity:**  Very mature for age  Age appropriate  Somewhat immature  Very immature | **Social Adjustment with peers:**  Healthy relationships  Occasional minor problems  Frequent minor problems  Relates poorly | **Self Confidence:**  Appears overly confident  Has healthy self-image  Needs some support  Needs much reassurance |
| **Conduct:**  Well-behaved  Usually obeys rules  Occasionally misbehaves  Frequently misbehaves | **Consideration of others:**  Usually thoughtful of others  Mostly thoughtful of others  Rarely considerate of others  Selfish | **Attitude of parents:**  Cooperative  Uninvolved  Overly protective  Antagonistic  No basis for judgment |

**★Has this student received any of the help listed below at your school, and do you feel that these services need to be continued:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | Received | **Period/Hours/week** | **Needs to be continued** |
| * English as a Second Language |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Special Education Support |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Remedial Help/Tutoring |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Speech and Language Therapy |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Occupational Therapy |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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**CONFIDENTIAL TEACHER REPORT *Grades EC3-K1-K2-1* *page 2***

**★Where would you place this student’s level of English?** *Please* ***check*** *most appropriate*

|  |  |  |  |
| --- | --- | --- | --- |
| * Beginner:  -- -- -- -- | *New to English* | *Developing* | *Beginning* |
| * Intermediate:  -- -- -- | *Expanding* | *Bridging* | *Fluent* |
| * Advanced:  -- -- -- -- | *Proficient* | *Connecting* | *Independent* |

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

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

**★Do you have any reason to suggest that this student be evaluated and/or referred for special educational or psychological services?**

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

**★Are there any special strategies or interventions that have been used with this student that you would recommend we continue?**

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

**★Are there any special testing results or evaluations of which you are aware?**

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

**★Is this child receiving any special medication related to assisting him/her in the school setting?**

|  |
| --- |
| *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**.

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| --- |
|  |

***\*\*\* I hereby certify that the information above is accurate and complete. \*\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed** |  | | **Date:** |  |
| *If you would like us to* ***call you*** *concerning this student, please check here*. | | | | |
| **Email** | | **Telephone** | | |