 **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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**★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**  |