 **CONFIDENTIAL TEACHER REPORT**

***Applicants to Grades 2 - 5***

**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 (+33(0)1.41.12.82.47) or email (admissions@asparis.fr) to the American School of Paris, Admissions Director or transmit to parents directly in a sealed envelope.*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of student:** |  | | | **Applying for grade:** |  |
| **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  Humorless  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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⮚**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 |  |  |  |
| * Opccupational Therapy |  |  |  |

**⮚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* |

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

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

**⮚Does this student have psychological or 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**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| ***\*\*\* 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:** | | |