

International School of Stavanger

Confidential School Recommendation

For Grade 2 through 8 Applicants



Learning. Well-being. Community.

ISS provides an internationally-accredited, engaging and challenging English-language education in a supportive, multi-cultural environment where students have the opportunity to fulfill their potential. Our vision is to inspire a community of responsible, globally-engaged, empowered learners.

Parents/Guardians: Please complete Section A and give it to the child's school so a teacher, counselor or principal can complete Section B and endorse with school stamps.

Teachers/Counselors/Principals: We appreciate your cooperation in answering the following questions in Section B so we may make informed decisions regarding admission and developing a school program for the student. The information provided will be used by the professional staff at ISS and treated as confidential. The form should be returned directly to the Admissions Office at ISS or e-mailed to admissions@isstavanger.no. Thank you!

SECTION A

Last Name: _____ First Name: _____ Birthdate: _____/_____/_____
D M Y

Applying for: 2 (at ISS, this is the *third* compulsory academic year) 3 4 5 6 7 8

I authorize staff at my child's school to complete this form and release school records for my son/daughter. I also grant the International School of Stavanger permission to contact the child's present school.

Parent/Guardian Signature: _____ Date: _____/_____/_____
D M Y

SECTION B

Present School: _____ School Telephone: _____

School Address: _____

Name of Person Completing Recommendation: _____

Position: _____ E-mail: _____ Telephone: _____

How long have you known the student? _____ How often do you have contact with student? _____

Has the child been placed outside the chronological age/grade level guidelines in school? If yes, please explain:

Would you re-enroll this student? Yes No

Please comment on parents' support of child at school: _____

Student Background

Student's academic strengths and interests: _____

Student's academic challenges: _____

Strategies/interventions successfully used: _____

Type of environment in which student thrives best: _____

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How would you describe the student? Please check all that apply.

- | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Leader | <input type="checkbox"/> Helpful | <input type="checkbox"/> Confident | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Responsible | <input type="checkbox"/> Happy | <input type="checkbox"/> Hardworking |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Competitive | <input type="checkbox"/> Empathetic |

Are there any concerns with:

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Behavior | <input type="checkbox"/> Attendance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Discipline | <input type="checkbox"/> Medical | |

Has the student ever received or been recommended for extra support? Type:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Modified curriculum | <input type="checkbox"/> Guided study | <input type="checkbox"/> Accelerated |
| <input type="checkbox"/> Pull-out | <input type="checkbox"/> Accommodations | <input type="checkbox"/> Other: _____ |

Has the child received:

- | | | |
|--|--|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Special needs support | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> A psychological assessment | <input type="checkbox"/> A behavior plan | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> A diagnosed learning disability | <input type="checkbox"/> An individual education plan, IEP | <input type="checkbox"/> Speech and language therapy |

Please explain any areas checked above (and include relevant reports when returning the form):

Skills Development

Language Acquisition and English Proficiency

Language of instruction at school: _____

From your experience, which languages can the student reasonably understand, speak, read, write? Please circle.

- | | | | | | |
|------------------------|-------------------------------------|--------------------------------|-------------------------------|--------------------------------|------------------------------------|
| First language: _____ | <input type="checkbox"/> Understand | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write | • <input type="checkbox"/> Unknown |
| Second language: _____ | <input type="checkbox"/> Understand | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write | • <input type="checkbox"/> Unknown |
| Third language: _____ | <input type="checkbox"/> Understand | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write | • <input type="checkbox"/> Unknown |

Level of proficiency in English: Beginner Lower intermediate Upper intermediate Advanced Fluent

Has the child received EAL/ESL? Yes No Please indicate grades/years and hours/week: _____

Reading and Writing

Please mark the student's level along the bar of continuum and/or check the appropriate boxes. The information should refer to the child's work in the *language of instruction at school*.

	Performance/Achievement			Effort		
	Above Grade/Year Level	On Grade/Year Level	Below Grade/Year Level	Excellent	Average	Below Average
Reading	←————→					
Writing	←————→					
Listening	←————→					
Speaking	←————→					

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Attitude toward reading: Positive Indifferent Negative

Attitude toward writing: Positive Indifferent Negative

Any modified or additional support? _____

Comments regarding writing structure/format, clarity, syntax, vocabulary use: _____

Listening and Speaking

Sustains attention when others speak	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Follows oral directions	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Understands non-verbal cues and responds appropriately	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Requests help when needed	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Expresses thoughts and needs clearly	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never

Mathematics

Approximate grade/year level: _____ Mathematics program/text used: _____

Performance/Achievement: ← Above Grade Level On Below Grade Level →

Please include copy of most recent mathematics test.

Organizational Development

Manages time appropriately	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Follows directions and classroom routines	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Completes work on time	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Manages own materials (e.g., books, lunch, iPad)	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never

Social Development

Communicates appropriately with adults	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Communicates appropriately with peers	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Demonstrates respect for self, others and environment	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Works cooperatively in groups	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never
Adapts to new situations	<input type="checkbox"/> Consistently	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely to Never

Further comments: _____

I recommend this applicant: Very Strongly Strongly With Reservation No

Signature: _____ Date: ____/____/____
D M Y

Thank you for your time!
 -ISS Admissions