

International School of Stavanger

Confidential School Recommendation & Student Profile

For Grade 9 through 12 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 as well as the math and language teachers 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 (address below) or e-mailed to admissions@isstavanger.no. Thank you for your time and helping to facilitate this student's transition to ISS!

SECTION A

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

Applying for: 9 10 11 12

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:

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

Would you re-enroll this student? Yes No

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"/> 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 |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Confident | <input type="checkbox"/> Kind | <input type="checkbox"/> Cooperative |

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 use the space on page 4 to elaborate on areas checked above (and attach relevant reports).

Skills Development - Language

Name of person completing language portion of form (if different from above): _____

Language Acquisition and English Proficiency

Language of instruction at school: _____

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

- | | | | | | |
|------------------------|-------------------------------------|--------------------------------|-------------------------------|--------------------------------|----------------------------------|
| 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 student received EAL/ESL? Yes No Please indicate grades/years and hours/week: _____

First Language Academic Achievement

Please mark the student's level based on work in their *first/native language* and send an assessed writing sample.

- | | | | |
|------------------------|------------------------|--------------------|------------------------------|
| Reading Comprehension: | ← Exceeds Expectations | Meets Expectations | Does Not Meet Expectations → |
| Writing Expression: | ← Exceeds Expectations | Meets Expectations | Does Not Meet Expectations → |
| Abstract Reasoning: | ← Exceeds Expectations | Meets Expectations | Does Not Meet Expectations → |

- | | | | |
|--------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Attitude toward reading: | <input type="checkbox"/> Positive | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Negative |
| Attitude toward writing: | <input type="checkbox"/> Positive | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Negative |

Any modified or additional support? _____

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English Reading and Writing Achievement

If able to assess, please mark the student's level along the bar of continuum based on their work in *English*.

Reading Comprehension:	← Exceeds Expectations	Meets Expectations	Does Not Meet Expectations →
Writing Structure/Format:	← Exceeds Expectations	Meets Expectations	Does Not Meet Expectations →
Clarity:	← Exceeds Expectations	Meets Expectations	Does Not Meet Expectations →
Abstract Reasoning:	← Exceeds Expectations	Meets Expectations	Does Not Meet Expectations →
Syntax and Vocabulary:	← Exceeds Expectations	Meets Expectations	Does Not Meet Expectations →

Skills Development – Mathematics

Name of person completing mathematics portion of form (if different from above): _____

Mathematics program at your school (e.g., IGCSE, IB, AP, national): _____

Student's current working level by grade/year: _____ Attitude toward subject: Positive Indifferent Negative

Overall Achievement:	← Exceeds Expectations	Meets Expectation	Does Not Meet Expectations →
Study Habits and Effort:	← Exceeds Expectations	Meets Expectation	Does Not Meet Expectations →

Recommended for advanced math? Yes No Recommended for math support? Yes No

Please check those topics the student has covered in their mathematics course(s).

Analytical Geometry

- Properties of Triangles
- Lines & Angles
- Similar Triangles
- Right Triangles
- Congruent Triangles
- Set Notation
- Union & Intersection of Sets
- Venn Diagrams
- Areas & Volumes
- Transformations
- Basic Trigonometry Polygons
- Circles, Tangents, Arcs, Chords

Algebra

- Percentages
- Fractions & Decimals
- Mathematical Modelling
- Basic Statistics
- Factorization & Expansion

- Ratio & Proportion
- Polynomial Functions
- Permutations & Combinations
- Solving & Graphing Linear Equations
- Solving & Graphing Linear Inequalities
- Vectors (2D)
- Probability
- Sequence & Series
- Factoring Polynomials
- Systems of Linear Equations
- Laws of Exponents
- 2-Variable Statistics
- Simplifying Rational Expressions
- Complex Numbers
- Logarithmic Functions
- Exponential Functions
- Rational Functions
- Synthetic Division
- Trigonometric Ratios & Functions
- Trigonometric Graphs & Identities
- Functions, Domain, Range

- Quadratic Equations and Graphs

Further Mathematics

- Inverse Functions
- Function of a Function
- Sum & Difference Formulas
- Multiple Angle Formulas
- Half Angle Formulas
- Solving Exponential Equations
- Solving Logarithmic Equations
- Inverse Trigonometric Functions
- Laws of Sines & Cosines
- Vectors in a Plane (3D)
- Conics
- Polar Coordinates
- Differential Calculus
- Integral Calculus
- Advanced Statistics
- Mathematical Proof
- Matrix Algebra

