

International School of Stavanger

Confidential School Recommendation

Maternelle, Pre-School, Kindergarten and Grade 1 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: Pre-School 3 Pre-School 4 Kindergarten (also known as 'Year' 1) Grade 1 (also known as 'Year' 2)

I authorize staff at my child's school to complete this form and release school records for my child. 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: _____

Please describe the child's current program (e.g., hours/day, group size, language, pedagogical approach): _____

Would you re-enroll this applicant? Yes No Please clarify: _____

Skills Development

Social and Emotional

	Area of Concern	Progressing Toward Age-Appropriate	Age-Appropriate	Area of Strength
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaves respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumes responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How does the child function one-on-one? _____

Confidential School Recommendation contd.

Maternelle, Pre-School, Kindergarten and Grade 1

How does the child function in a group of peers? _____

Strengths or concerns you observe? _____

Organizational and Readiness	Area of Concern	Progressing Toward Age-Appropriate	Age-Appropriate	Area of Strength
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages own materials (lunches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages class materials (books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persists and completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Area of Concern	Progressing Toward Age-Appropriate	Age-Appropriate	Area of Strength
Small motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language and Mathematics	Area of Concern	Progressing Toward Age-Appropriate	Age-Appropriate	Area of Strength
Speech development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys books and being read to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retells and explains stories well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens well when others speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to determine rhymes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent reading level: Pictures only Picture storybooks Simple chapter books Chapter books

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

Has the child/student received EAL/ESL? Yes No Years and hours/week: _____

What are the child's special interests at school? _____

Additional Support

Are there any concerns with:

- Academic Behavior Attendance Other:
 Anxiety Discipline Medical _____

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

- Self-contained Guided study/enrichment Accelerated
 Pull-out Modified instruction

Has the child received:

- Counseling Special needs support Occupational therapy
 A psychological assessment A behavior plan Physical therapy
 A diagnosed learning disability An individual education plan, IEP Speech and language therapy

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

I recommend this applicant: Very Strongly Strongly With Reservation Not at all

Signature: _____ Date: ____/____/____