



# Seoul International School

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## Elementary School Recommendation Form (Gr. 1~2)

<b>Student Name:</b> _____	<b>Date of Birth:</b> _____	<b>Gender:</b> <u>  M  </u> / <u>  F  </u>
<b>Name of the Evaluator:</b> _____		
<b>School and Position:</b> _____		
<b>Phone:</b> _____	<b>Fax:</b> _____	
<b>E-mail Address:</b> _____		

Assessment Areas	Weak	Adequate	Excellent
Parental support & involvement			
Takes risks			
Respects other people & property			
Asks questions & seeks help when needed			
Motivation & attitude towards learning			
Creativity			
Critical thinking skills			
Follows oral and written directions			
Listens attentively when others are speaking			
Participates in class discussions			
Works well in groups			
Works well independently			
English Speaking ability			
Demonstrates self discipline			
Observes school rules			
Stays on tasks			
Prints and writes legibly			
accepts responsibility for belongings and materials			
Social interaction with peers			

Academic Areas	Weak	Adequate	Excellent
Handwriting			
Writing			
Reading			
Spelling			
Speaking and Listening			
Math			

Would you recommend this child to an ESL program?

NO \_\_\_\_\_ YES \_\_\_\_\_

Has this child been referred for any type of learning, attention, or behavioral differences?

NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list and describe the results of testing and any remediation or treatment:

\* **Teacher's Comments:** Please comment on areas of behavior, academic ability (reading, writing & math) and if the student has received resource support as well as any other relevant information.

English language, reading and writing:

Math:

Educational, physical, social or behavioral concerns:

Other areas:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please attach a writing sample of the student.**