

# TEACHER EVALUATION PRIMARY SCHOOL APPLICANTS

(EARLY YEARS 1 – GRADE 5)

## General instructions

A separate form should be used for each student applying for admission to ISZL. **Parents (or guardians) must sign below.** This form should be completed by a student's Form/Homeroom teacher, who should then sign page 2.

**Note:** If your child is receiving learning support an additional Teacher Evaluation Form is required from the support teacher.

Once completed, this form should be **returned by the teacher** to: International School of Zug and Luzern, Admissions Office, Walterswil 1, 6340 Baar, Switzerland, (Telephone +41 41 768 2900), or by e-mail to admissions@iszl.ch.

If ISZL has any queries or concerns regarding the completed evaluation the school may contact the teacher for verification.

The parent's signature below gives ISZL permission to make that contact.

**Information supplied will be held in the strictest of confidence.**

## INSTRUCTIONS FOR PARENTS (OR GUARDIANS)

**Please enter your child's name below and sign here before handing the form to the teacher:**

Name of student: .....

Date: .....

Signature of parent/guardian: .....

## INFORMATION FOR TEACHERS COMPLETING THIS FORM

The student named above is an applicant for admission to the International School of Zug and Luzern (ISZL) which is an English language, independent World IB School with approximately 1,300 students ranging in age from 3 to 18. We would appreciate it if you would complete the form and return it directly to us as soon as possible. We have asked the student's family for full disclosure of any educational or behavioural issues, so that we can ensure that we have the appropriate programme for the applicant concerned. Decision on admission is taken after the teacher evaluation, school reports and any other relevant information has been reviewed by the admissions department in conjunction with school leadership and student support services where appropriate. Students whose first or best language is not English may be required to follow the school's English as an Additional Language (EAL) programme.

## Applicant and teacher information

Name of student: .....

Current grade: .....

Name of present school: .....

School address: .....

Language of instruction: .....

Name of teacher submitting evaluation: .....

Position: .....

Length of time acquainted with student: .....

E-mail address: .....

## Applicant Evaluation

**1) Please evaluate the above named student  
by ticking the appropriate box:**

	Cause for concern	Satisfactory	Good	Excellent
General academic progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus and attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine 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"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information required for students applying  
to our Early Years 1 to Kindergarten (ages 3–5):**

	Cause for concern	Satisfactory	Good	Excellent
Ability to cope with separation from parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence with toileting <input type="checkbox"/> Yes <input type="checkbox"/> No				

# TEACHER EVALUATION

## PRIMARY SCHOOL APPLICANTS

(EARLY YEARS 1 – GRADE 5)

### 2) Please list four adjectives you would use to describe this student:

1) ..... 2) .....  
3) ..... 4) .....

### 3) What is the strength of this student?

Please describe: .....  
.....

### 4) Is there an area that this student requires support?

Please describe: .....  
.....

### 5) To the best of your knowledge has the student ever received (in or out of school):

Learning support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social emotional counselling/therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment of educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speech and language therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment of psychological needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	English as an Additional Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational/physical therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If you answered yes, please comment: .....  
.....  
.....

### 6) Has the student ever been subject to any serious disciplinary procedures? Yes No

If you answered yes, please comment: .....  
.....

### 7) Is there anything else we should know about the student's personal circumstances that may affect their daily school life? Yes No

If you answered yes, please comment: .....  
.....

### 8) On a scale from 1 (not at all) to 10 (extremely) how supportive are the applicant's parents of their child's education?

Please circle: 1 2 3 4 5 6 7 8 9 10

Additional comments: .....  
.....

### 9) I recommend this student for admission:

enthusiastically  confidently  with some reservation  not at all

Any additional comments: .....  
.....

ISZL has a rigorous child protection policy where student welfare is paramount. Are there any safeguarding issues we should know about? If yes, please provide the name of the designated safeguarding lead for us to contact.  Yes  No

Name: ..... E-mail address: .....

Should you wish to speak with a member of our child protection team, please contact our designated safeguarding lead or school principal on +41 41 768 2900.

### ► PLEASE SIGN HERE:

Date: ..... Signature of teacher: .....