

School Records Release



INTERNATIONAL
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BERGEN

Student Information

The following sections A and B should be completed by a teacher who knows the student well, both in terms of their academic performance and social development. We ask for full disclosure of any educational, social or behavioral issues to ensure that we are able to support the student's needs.

Please answer all the questions as fully as you can and attach an additional sheet if you have any other information that you would like to share with us that would be helpful in our understanding of this student.

SECTION A

Student: _____

Date of Birth: _____ Current Grade/Year level: _____
 DD MM YYYY

Homeroom Teacher or other (please specify your relationship to the student):

Attendance

	Good	Satisfactory	Poor
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B

Student Background

Student's strengths, interests and goals:

Type of environment in which the student thrives best:

What are the first words that come to mind to describe the student?

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Skills Development

Languages

	Level of Proficiency	
	English	Norwegian
Beginner		
Lower Intermediate		
Upper Intermediate		
Advanced		
Fluent		

Has the child received English as an Additional Language lessons EAL/ESL? Yes No

If yes, how many hours per week: _____

What additional languages does the child speak? _____

What is the student's first or best language? _____

What is the main language of instruction in your school? _____

Literacy

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

Numeracy

	Performance/Achievement			Effort		
	Above Grade/Year Level	On Grade/Year Level	Below Grade/Year Level	Excellent	Average	Below Average
Mathematics						

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Individual Learning Needs

Has the student any specific learning difficulties (e.g. dyslexia, ADHD) and / or ever required speech language therapy, learning support, literacy support, occupational therapy, psycho-educational counselling or psycho-educational testing? Yes No

If yes, please explain:

Has the student ever received or been recommended for extra support? Yes No

If yes, please explain:

Attitudes to Learning

Self-Management Skills

	Consistently	Often	Occasionally	Rarely
Manages time appropriately				
Follows directions and classroom routines				
Completes work on time				
Manages own materials (e.g. books, lunch, iPad)				

Social Skills

	Consistently	Often	Occasionally	Rarely
Communicates appropriately with others				
Demonstrates respect for self, others and environment				
Works cooperatively in groups				
Adapts to new situations				

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Has this student had any friendship group issues that might continue to cause problems? Yes No

If yes, please explain:

Please note any additional personal and/or behavioural or academic concerns you have about the student, or any other information you think would be helpful. Use this space or a separate sheet for further comments in any category:

If you have answered yes to any of the above, please include reports of testing and/or therapy, as well as any recent Individual Educational Plans (IEPs) or Special Education Needs (SEN)

We would like to thank you for the time it has taken to fill in this form, we very much appreciate your help.

Teacher's signature: _____ Date: _____
DD MM YYYY