

TEACHER'S CONFIDENTIAL REPORT: PRIMARY

Parents should give this form to the class teacher for completion

Dear Teacher,

Your student is applying for admission to ICS Paris, an international school where subjects are taught principally in English. This assessment is an important part of the application and your cooperation in providing a full report will be greatly appreciated. Parents should not have access to this confidential report - once completed, please send it directly to admissions@icsparis.fr

Student's surname: _____ Student's first name: _____ <i>(please use capital letters)</i>
School name: _____
<input type="radio"/> Grade / <input type="radio"/> Year enrolled: _____ 12 or 13 year system: <input type="radio"/> 12 (K-12) / <input type="radio"/> 13 (Year 1-Year 13)
School website: _____

How long have you known this student and in what context?

Please indicate the type of educational curriculum or academic programme this student follows at your school:

Briefly describe the classroom organisation in your school. Please mention in which language subjects are taught:

How does the child cope with this organisation?

What is the child's reading level? Please note the name of the scheme you use and how he / she is progressing within the scheme. Is the child experiencing any difficulties in reading or literacy?

What is the child's level in mathematics? Please note the name of the scheme you use and the level the child has achieved. Is the child experiencing any difficulties in mathematics?

Has the child ever required an Individual Learning Plan (ILP)?

Are the child's parents supportive?

PERSONAL AND SOCIAL SKILLS

Compared to other children in his / her class, how do you rate this student?

	Never	Rarely	Sometimes	Usually	Often	Always
Is cooperative and courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens attentively and follows directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Settles to work quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has independent work habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes pride in presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observes class and school rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is motivated to succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-operates well with others in work and play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPECIAL NEEDS:

If you answer "yes" to any of the below questions, please elaborate in the space provided

Does the student have any learning difficulties or special needs? Yes No

Have any modification(s) been provided in the student's learning curriculum? Yes No

Have any accommodation(s) been provided to this student in class learning or during examinations? Yes No

Has the child experienced academic, social, emotional, and/or behaviour difficulties in school: Yes No

Has this child received (check all that may apply):

- Psychiatrist's education evaluation
- Counselling
- Therapy – speech, occupational, and/or physical
- Individualized Education Plan (IEP)
- Other – Please specify:

We welcome any **additional comments** you think might be helpful to us, including special interests or talents, and special educational or emotional needs. If you have made, or are planning to make, any recommendations for professional support or assessment, please describe below:

Name and position of person completing this form:

Date:

Signature:

School stamp:

Please return this completed form directly to:
ICS Paris - International School – Admissions
23 rue de Cronstadt, 75015 PARIS – France
Telephone: +33 (0)1 56 56 60 31
Email: admissions@icsparis.fr