

Appendix 1

The applicant's head of school, principal, or counselor should complete this form.
Please do not share a copy with the applicant's family



Confidential Recommendation

This recommendation is in support of a student's application to enrol in Osaka International School of Kwansei Gakuin, Grades KA-5

Applicant's Last (Family) Name: Current Grade:

Applicant's First (Given) Name: Applying for Grade:

Current School's Name:

Current School's Address:

School Email: School Phone:

Name of Referee: Position of Referee:

How long have you known the applicant, and in what capacity?

Please evaluate the applicant's English proficiency:

Reading: ☐ native ☐ advanced ☐ intermediate ☐ fair ☐ none
 Writing: ☐ native ☐ advanced ☐ intermediate ☐ fair ☐ none
 Speaking: ☐ native ☐ advanced ☐ intermediate ☐ fair ☐ none
 Listening: ☐ native ☐ advanced ☐ intermediate ☐ fair ☐ none

Please evaluate the applicant relative to his or her peers:

Social/Emotional Evaluation	Area of Concern	Approaching	Age Appropriate	Area of Strength
Independence	☐	☐	☐	☐
Relationship with peers	☐	☐	☐	☐
Relationship with adults	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Appreciation of limits	☐	☐	☐	☐
Self-control	☐	☐	☐	☐
Willingness to take risks	☐	☐	☐	☐
Compassion	☐	☐	☐	☐
Maturity	☐	☐	☐	☐
Academic Evaluation				
Willingness to seek help	☐	☐	☐	☐
Response to direction	☐	☐	☐	☐
Independence	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Attentiveness	☐	☐	☐	☐
Participation	☐	☐	☐	☐
Curiosity	☐	☐	☐	☐
Fine motor development	☐	☐	☐	☐
Gross motor development	☐	☐	☐	☐
Language development	☐	☐	☐	☐

Appendix 1 (continued)

1. Please provide details on the applicant's particular academic strengths and areas for growth:

2. Please describe any disciplinary, emotional or other concerns:

3. Has the applicant ever been in any of the following programmes or received support for any of the following issues? (Please check any applicable boxes, and append copies of any relevant reports or provide details on a separate sheet).

- | | | | |
|--|---|--|--|
| ☐ No programmes | ☐ ESOL (English for Speakers of Other Languages) | ☐ Gifted & Talented | ☐ Individual/Family Counselling |
| ☐ ADHD | ☐ IEP (Individual Educational Plan) | ☐ Behaviour Management | |
| ☐ Reading/Writing Support | ☐ Math Support | ☐ Speech/Language Support | |
| ☐ Other | | | |

4. Please describe the classroom environment in which the student is currently learning. (Please include details on the number of students, the number of teachers, learning support etc.):

5. Have the applicant's parents been supportive of the school and cooperative with the teachers, counselors and administrators?

6. Is there anything else you think we should be aware of regarding the applicant? (Please indicate if you would prefer to discuss this by telephone.)

7. Overall Evaluation: ☐ Recommend enthusiastically ☐ Recommend strongly ☐ Recommend with reservation ☐ Not recommended

Signed: Date:
DD / MM / YYYY

The admissions team at OIS would like to thank you for completing this recommendation form on behalf of the applicant. Please mail this form and any supplementary sheets to the address below, or email it as a PDF file to oisadmissions@soismail.jp

Osaka International School of Kwansei Gakuin
4-4-16 Onohara Nishi
Mino-shi, Osaka
562-0032 Japan

Appendix 2

The applicant's classroom teacher should complete this form.
Please do not share a copy with the applicant's family



Confidential Recommendation

This recommendation is in support of a student's application to enrol in Osaka International School of Kwansei Gakuin, Grades KA-5

Applicant's Last (Family) Name: Current Grade:

Applicant's First (Given) Name: Applying for Grade:

Current School's Name:

Current School's Address:

School Email: School Phone:

Name of Teacher: Position:

How long have you known the applicant, and in what capacity?

Please evaluate the applicant's English proficiency:

Reading:	☐ native	☐ advanced	☐ intermediate	☐ fair	☐ none
Writing:	☐ native	☐ advanced	☐ intermediate	☐ fair	☐ none
Speaking:	☐ native	☐ advanced	☐ intermediate	☐ fair	☐ none
Listening:	☐ native	☐ advanced	☐ intermediate	☐ fair	☐ none

Please evaluate the applicant relative to his or her peers:

Social/Emotional Evaluation	Area of Concern	Approaching	Age Appropriate	Area of Strength
Independence	☐	☐	☐	☐
Relationship with peers	☐	☐	☐	☐
Relationship with adults	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Appreciation of limits	☐	☐	☐	☐
Self-control	☐	☐	☐	☐
Willingness to take risks	☐	☐	☐	☐
Compassion	☐	☐	☐	☐
Maturity	☐	☐	☐	☐
Academic Evaluation				
Willingness to seek help	☐	☐	☐	☐
Response to direction	☐	☐	☐	☐
Independence	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Attentiveness	☐	☐	☐	☐
Participation	☐	☐	☐	☐
Curiosity	☐	☐	☐	☐
Fine motor development	☐	☐	☐	☐
Gross motor development	☐	☐	☐	☐
Language development	☐	☐	☐	☐

Appendix 2 (continued)

1. Please provide details on the applicant's particular academic strengths and areas for growth:

2. Please describe any disciplinary, emotional or other concerns:

3. Has the applicant ever been in any of the following programmes or received support for any of the following issues? (Please check any applicable boxes, and append copies of any relevant reports or provide details on a separate sheet).

- | | | | |
|--|---|--|--|
| ☐ No programmes | ☐ ESOL (English for Speakers of Other Languages) | ☐ Gifted & Talented | ☐ Individual/Family Counselling |
| ☐ ADHD | ☐ IEP (Individual Educational Plan) | ☐ Behaviour Management | |
| ☐ Reading/Writing Support | ☐ Math Support | ☐ Speech/Language Support | |
| ☐ Other | | | |

4. Please describe the classroom environment in which the student is currently learning. (Please include details on the number of students, the number of teachers, learning support etc.):

5. Have the applicant's parents been supportive of the school and cooperative with the teachers, counselors and administrators?

6. Is there anything else you think we should be aware of regarding the applicant? (Please indicate if you would prefer to discuss this by telephone.)

7. Overall Evaluation: ☐ Recommend enthusiastically ☐ Recommend strongly ☐ Recommend with reservation ☐ Not recommended

Signed: Date:
DD / MM / YYYY

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