



## CONFIDENTIAL TEACHER RECOMMENDATION (3-5)

TO BE COMPLETED BY THE CLASSROOM TEACHER OF STUDENTS TO GRADES 3-5

The student whose name appears below has applied for admission to the American School of Milan and we would appreciate your assistance in completing this form. We require this assessment as part of our admissions procedure. Please return the completed recommendation directly to the American School of Milan by email (preferred), fax, airmail or hand to parents in a sealed envelope. This recommendation is confidential and will not be shared with the student's parents.

### Student's Information

Name: \_\_\_\_\_ School Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Present School: \_\_\_\_\_

School Telephone: (\_\_\_\_) \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

School Email: \_\_\_\_\_

### Social Development

Please comment on the student's abilities in the following areas:

to follow rules and routines:

No basis for judgement       Below Average       Average       Good       Excellent

to work independently:

No basis for judgement       Below Average       Average       Good       Excellent

to focus on a task:

No basis for judgement       Below Average       Average       Good       Excellent

participate in group activities:

No basis for judgement       Below Average       Average       Good       Excellent

collaborate with peers:

No basis for judgement       Below Average       Average       Good       Excellent

complete assigned work:

No basis for judgement       Below Average       Average       Good       Excellent

### Mathematics

Please describe the student's ability in mathematics in the following areas:

to understand computational skills and use them to solve problems:

No basis for judgement       Below Average       Average       Good       Excellent

to identify and interpret data:

No basis for judgement       Below Average       Average       Good       Excellent



## Language skills

What is the student's mother tongue? \_\_\_\_\_

Please assess the student's abilities in English:

to listen to and comprehend stories:

No knowledge of English     Below Average     Average     Good     Excellent

to follow oral directions:

No knowledge of English     Below Average     Average     Good     Excellent

to express him/herself orally:

No knowledge of English     Below Average     Average     Good     Excellent

to express him/herself in writing:

No knowledge of English     Below Average     Average     Good     Excellent

## Other

Please comment briefly on the following items if your answer is yes:

Is student in need of more than average time from the teacher?

No     Yes – Please comment

Has the child received special help with the English language?

No     Yes – Please comment

Has the child had special tutoring or any remedial help?

No     Yes – Please comment

Has the child received special counselling or psychological testing?

No     Yes – Please comment

Has the child received help for ADD/ADHD?

No     Yes – Please comment

Has the child been recommended for a Special Education class?

No     Yes – Please comment

Please attach on a separate page any further comments and/or observations that would help us to form an initial profile of this student. If there are any comments that you would prefer to share in a telephone conversation, please check here

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ School Stamp: \_\_\_\_\_