



American School of Milan

Via K. Marx 14, 20090 Noverasco di Opera MI, Italy • tel. +39 02 53000015 • fax +39 02 93660932 • admissions@asmilan.org

CONFIDENTIAL TEACHER RECOMMENDATION (K-2)

TO BE COMPLETED BY THE CLASSROOM TEACHER OF STUDENTS TO GRADES K -2

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 evaluate the student's interaction with other children:

Ability to form friendships:

No basis for judgement Below Average Average Good Excellent

Independence from home:

No basis for judgement Below Average Average Good Excellent

Ability to adjust behaviour to new situations:

No basis for judgement Below Average Average Good Excellent

Ability to follow rules and routines:

No basis for judgement Below Average Average Good Excellent

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

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

complete assigned work:

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



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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

Mathematics

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

Ability to create, duplicate and extend simple patterns:

- skill not yet developed
 skill emerging
 skill progressing
 skill developed

Ability to sort and classify:

- skill not yet developed
 skill emerging
 skill progressing
 skill developed

Ability to rote count:

- skill not yet developed
 skill emerging
 skill progressing
 skill developed

Ability to identify and name common shapes:

- skill not yet developed
 skill emerging
 skill progressing
 skill developed

Ability to understand age-appropriate computational skills and use them to solve problems:

- skill not yet developed
 skill emerging
 skill progressing
 skill developed

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: _____