



## 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



**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: \_\_\_\_\_