

Application for Enrollment – Confidential Recommendation

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This form is for kindergarten children applying to PYP 1 (Elementary School Grade 1).

Dieses Formular steht auch auf Deutsch zur Verfügung.

To parent/guardian: **Please fill out Section A** and give this form to your child's current kindergarten to be completed and endorsed with the kindergarten stamps. Parents may not return this form to International School Carinthia. The child's current school must send this form directly to ISC in order for it to be accepted and processed. Thank you for your compliance.

Section A

Child's Name: _____ Date of Birth: _____

Parent/Guardian Signature and Date: _____

Section B

To the teacher, counselor, or director: We appreciate your cooperation in providing us with this confidential recommendation for the above-named child. Please complete the form and send it to us directly at the address provided on the last page.

How long has this child been in your kindergarten? _____

English Language Abilities:

Skill	Very Good	Good	Satisfactory	Needs Improvement
Listens well				
Carries out instructions				
Carries out a multifaceted task				
Speaks in complete sentences				
Retells a story accurately				
Tells a story with a beginning, a middle, and an end				
Tells a story in the correct tense				
Uses accurate vocabulary				
Expresses oneself appropriately				

Please comment specifically on the child's English language abilities: _____

Other Language Abilities, if applicable:

(Please indicate language: _____)

Skill	Very Good	Good	Satisfactory	Needs Improvement
Listens well				
Carries out instructions				
Carries out a multifaceted task				
Speaks in complete sentences				
Retells a story accurately				
Tells a story with a beginning, a middle, and an end				
Tells a story in the correct tense				
Uses accurate vocabulary				
Expresses oneself appropriately				

Please comment specifically on the child's other language abilities: _____

Math Skills:

Skill	Very good	Good	Satisfactory	Needs Improvement
Recognizes sequences				
Copies patterns				
Recognizes shapes				
Creates shapes				
Counts up to...				
Understands numbers up to..				
Has appropriate spatial awareness				
Performs simple math				

Please comment specifically on the child's math skills: _____

Social Skills and Related Abilities:

Skill	Very good	Good	Satisfactory	Needs Improvement
Works independently				
Follows rules				
Cares and shares with other children				
Brings own ideas to the group				
Cooperative				
Openminded				
Curious				
Respectful of people and things				
Is able to stay focused and concentrate				
Displays endurance				
Demonstrates logical thinking				
Asks questions when necessary				
Communicates appropriately with adults				
Communicates appropriately with children				

Please comment specifically on the child's social skills and related abilities: _____

Has the student ever received or been recommended for extra support? If yes, please explain:

- Has the child ever received:
- Psychological Assessment Yes No
 - Occupational Therapy Yes No
 - Physical Therapy Yes No
 - Speech and Language Therapy Yes No

If you have answered yes to any of the above, please include reports of testing and/or therapy, as well as any recent Individual Educational Plans (IEPs).

Please share any other information you deem valuable for us to know about this child: _____

Overall Recommendation

I recommend this applicant for admission: Not at all / With reservation / Strongly / Enthusiastically

Name: _____ Job Title: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

School Stamp:

Thank you for completing this confidential recommendation.

Please return this recommendation to: International School Carinthia, Rosentaler Straße 15, 9220 Velden, Austria

Telephone: 0043 (0)4274 – 5247110 Fax: 0043 (0)4274 – 5247199

Email: office@isc.ac.at