

ADMISSION REFERENCE FORM

Name of applicant: _____

Applying for Year Group: _____

Person completing this form: **Principal / Teacher / Form Tutor / Counselor**

Please rate the performance of the above-named student using the scale provided. For responses rated a 1 or 2, please provide comments. Return it via email to the office of admissions listed below. This recommendation form will be treated confidentially and will therefore not be shared with parents.

Thank you for your cooperation.

Activity	Needs Improvement	1	2	3	4	5	Excellent	Comments
Attends school on a regular basis	1	2	3	4	5			
Is on time to class	1	2	3	4	5			
Completes class assignments on time	1	2	3	4	5			
Demonstrated eagerness & capacity to learn	1	2	3	4	5			
Engages in school activities	1	2	3	4	5			

Please check YES or NO	YES	NO
Does this student have special behavioural, psychological or emotional needs that might impact the student's chances of success in school?		
Is this student receiving any special medication related to assisting him/her in the school setting?		
Are there any special strategies or interventions that have been used with this student that you would recommend?		
Do you have any reason to suggest that this student be evaluated and/or referred for specialised support?		
Has this student ever received the services listed below? <ul style="list-style-type: none"> - English as a second language (ESL). - Special education support. - Academic support/ tutoring. - Speech therapy. - Occupational therapy. - Counseling/ therapy. 		

	Excellent	Very good	Good	Needs improvement	Unsatisfactory	N/A
Respects school rules						
Respects others						
Uses self-discipline						
Follows directions						
Works independently						



What do you see as the student's area(s) of strengths and difficulties?

Indicate student's overall academic placement (circle): EXCEEDS MEETS BELOW

Would this student be permitted to re-enroll in your school? If no, please explain.

Principal / Teacher / Form Tutor / Counselor information (please circle your position)

Name: _____

Date (dd/mm/yy): _____

School: _____

School stamp:

Email: _____

Signature: _____

Please send this form by email to:

Admissions Coordinator

Nord Anglia International School Al Khor

Email: admissions.naisak@nais.qa