



Transcript Release and School Report Form for Reception and Year 1 Applicants

Please complete and sign this transcript release form and send it to your child's **present school along with the attached school report form**. This form will authorize the present school to complete the attached school report form and return it to the Admissions Office of British International School of Chicago, Lincoln Park. The transcript is confidential and is used for admissions purposes only.

TO THE HEAD OF SCHOOL OR PRINCIPAL

Name of Present School: _____

Address of Present School: _____

City: _____ State: _____ Zip: _____

I hereby authorize you to send an official school transcript for: _____
to British International School of Chicago, Lincoln Park.

Thank you.

Parent's Name: _____

Signature: _____

CONFIDENTIAL



**BRITISH INTERNATIONAL SCHOOL
OF CHICAGO, LINCOLN PARK**

A NORD ANGLIA EDUCATION SCHOOL

814 W. Eastman Street,
Chicago, Illinois, 60642
Phone: 773-506-2097
Fax: 773-506.4805

Student: _____

Sex _____

Birthdate: _____

Entrance date _____

Present School _____

Teacher and class _____ Date of this report _____

How long have you known this child? _____

Category	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
INTELLECTUAL DEVELOPMENT					
RECEPTIVE SKILLS					
Follows directions given to a group					
Follows directions given individually					
Follows multiple step directions					
Understands stories read aloud					
Understands classroom discussion					
Memory for events and information					
EXPRESSIVE SKILLS					
Clarity of speech					
Fluency of expression					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					
READING READINESS					
Sound symbol correspondence					
Recognizes letters-upper case					
..lower case					
MATH					
Recognizes numerals					
Understands one-to-one correspondence					
Patterning					
Categorizing					
Sequencing					
Understands comparative terms (size, time)					
Recognizes shapes					



Comment:

Please describe the child's ease of learning and ability to make meaningful connections.

Please comment if there are any unusual aspects of the child's mathematical interests or skills.

Category: SOCIAL/EMOTIONAL DEVELOPMENT	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with Peers					
Interaction with adults					
Resolves conflicts verbally					
Internalization of classroom routine					
Separation from parents/caregivers					
Ability to share					
Ability to wait for turn					
Respect for property of self					
Respect for property of others					
Accepts responsibility for actions					
Frustration tolerance self-chosen					
Frustration tolerance-assigned activity					
Sense of humor					
Curiosity					
Attention span—self-chosen activity					
Attention span—assigned activity					
Cooperative attitude					



Leadership skills					
Ability to follow peers					
Makes transitions easily					
Reacts well to new experiences					
Accepts change					
Comfort with group setting					

Usually chooses: Large Group _____ Small Group _____ Alone _____

Usually takes role of: Leader _____ Follower _____ Varies _____

Comment: *Please comment on the child's social/emotional development.*

Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion and attitudes.

Category:	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	NA
PHYSICAL DEVELOPMENT					
Small motor coordination					
Draws with details					
Uses appropriate pencil grip					
Works with manipulatives					
Gross motor coordination					
Sense of body in space					



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Gait, fluidity, smoothness of movement					
Participates in physical group activities					

Dominance: Right _____ Left _____ Not Established _____

Comment: *Please comment on the child’s physical development, i.e. visual, auditory (including frequency of ear infections) and general health.*

Additional Comments:

Signed: _____ **Date:** _____

Title:

Please return via mail or email to:
British International School of Chicago, Lincoln Park
Attn: Admissions Office
814 West Eastman Street
Chicago, IL 60642