

CONFIDENTIAL COUNSELOR RECOMMENDATION (TRANSFERRED STUDENT)

Student's Family Name First Name Middle Name Student's Current Grade

Name of Person Completing the Form _____

Check One: Counsellor Principal Other _____

E-mail Address: _____ How long have you known the student? _____

1. What are the first three words that come to mind to describe this student?

2. What special talents or abilities does the student demonstrate and share with her school community?

3. In so far as you know,
 - a. Has this student had emotional or disciplinary problems or concerns in the past? Yes No

 - b. Has the student demonstrated behavioral difficulties at school or elsewhere? Yes No

 - c. Has this student been suspended or expelled from any school? Yes No

 - d. Use of tobacco, alcoholic beverages and drugs are unacceptable at Healthy-Mind International School. Would this student have difficulty in adhering to our school policy? Yes No

4. What support services, if any, has the student received?
Please indicate (√) if currently or previously participating in programs or services listed below:

<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Gifted/ Gifted and Talented
<input type="checkbox"/> IEP	<input type="checkbox"/> Speech/ Language Therapy
<input type="checkbox"/> EAL (English as an Additional Language)	<input type="checkbox"/> Individual/ Family Counseling
<input type="checkbox"/> Remedial/ Learning Support	<input type="checkbox"/> Other (Please specify) _____
	<input type="checkbox"/> None

5. Describe any of the programs checked above. Attach a separate sheet if necessary.
Please also describe any improvement observed in these areas.

6. Please describe any family, developmental or personal issues other than those mentioned above of which the school needs to be aware.

7. Does this student have any health issues of which we should be aware?

8. Is the parent(s)' perception of their child compatible with the school's perception of the child and in what ways have the parent(s) been supportive of your school? Please elaborate.

PRE- NURSERY TO KINDERGARTEN PARENT QUESTIONNAIRE

Form completed by: _____ Relationship to child: _____

1. PERSONALITY

a) Please list three words that would best describe your child's personality:

b) Please tell us your child's interest. How does he/she spend free time? What does he/she like to play with?

c) Does your child have any fears or anxieties?

d) Does your child have a particular toy/object that is comforting to him/her?

2. DEVELOPMENTAL HISTORY

Language

a) How old was your child when he/she began to speak? What language was used?

b) In previous schools, how much instructional time each day was conducted in English?

Please circle:

Entirely in English

50% English

Less than 50% English

No English Instruction

c) What language(s) is used in the house? Please be specific regarding the language(s) used by each member of the household, including domestic help.

d) Were there concerns about early language development such as delayed start of speech, problems being understood?

PRE-NURSERY AND KINDERGARTEN PARENT QUESTIONNAIRE

Dear Parents and Guardians,

We are delighted that you are interested in enrolling your child in our Nursery and/or Kindergarten program. We have prepared this questionnaire to help us gain some insight into your child's physical, social, academic and emotional development. The information you provide will guide us in the assessment and placement process.

Thank you,

HIS ADMISSIONS AND ELEMENTARY SCHOOL

Student's Name: _____

Date of Birth: _____ **Age:** _____

(day/month/year)

Coming to Grade: _____

School Year: _____

Today's Date: _____

Please evaluate the student in terms of the characteristics listed below:

Please check (√) appropriate response	Truly Outstanding	Excellent (Top 10% this year)	Good (Above average)	Average	Below Average	No basis for Judgement
Academic potential						
Academic achievement						
Intellectual curiosity						
Study habits						
Organizational skills						
Ability to work independently						
Ability to communicate ideas						
Critical thinking skills						
Class participation						
Concern for others						
Honesty/integrity						
Self-confidence						
Maturity (relative to age)						
Responsibility						
Leadership						
Consideration for others						
Relationship with adults						
Relationship with peers						
Overall assessment of Academic qualities						
Overall assessment of Personal qualities						

If the student demonstrates relative strengths or weaknesses in any areas listed above, please elaborate

Signature _____ Date _____

School Name _____ Country _____

We are grateful for your assistance and thank you for giving your time to this matter.

Please send completed Recommendation Form directly to Healthy-Mind International School.