

THIS INFORMATION WILL ONLY BE SHARED WITH ACS PERSONNEL ASSESSING ADMISSIONS APPLICATIONS.

**WE ASK THAT THIS FORM BE COMPLETED BY THE DIVISION'S PRINCIPAL OR COUNSELOR OF THE LAST SCHOOL ATTENDED.
THIS FORM MUST BE SENT DIRECTLY TO THE SCHOOL IN A SEALED ENVELOPE OR VIA EMAIL TO nzabad@acs.edu.lb**

STUDENT'S NAME IN BLOCK LETTERS:

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| | | | |
|------------|--------|-----------|------------|
| FIRST NAME | MIDDLE | LAST NAME | MM/DD/YYYY |
|------------|--------|-----------|------------|

QUESTIONNAIRE

| PLEASE INDICATE YOUR PRESENT ESTIMATE OF THE CANDIDATE BY A CHECK MARK (✓) | Below Average | Average | Above Average | Excellent | Truly Outstanding |
|--|---------------|---------|---------------|-----------|-------------------|
| Intellectual Curiosity | | | | | |
| Creativity | | | | | |
| Persistence | | | | | |
| Problem Solving | | | | | |
| Self-Regulation | | | | | |
| Cooperation | | | | | |
| Emotional Stability | | | | | |
| Self Esteem | | | | | |
| Responsibility | | | | | |
| Concern for Others | | | | | |
| Leadership Ability | | | | | |
| Enjoying New Challenges | | | | | |
| Positive Influence on Peers | | | | | |
| Working Independently | | | | | |
| Ability to Stay on Task | | | | | |
| Completing Work in a Timely Manner | | | | | |
| Listening & Following Teacher's Directions | | | | | |
| Attention During Class Discussions | | | | | |
| Participation in Class Discussions | | | | | |
| Expressing Ideas Verbally | | | | | |
| Performance in Relation to Fellow Students | | | | | |

What are the student's strengths?

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What are the student's challenges?

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ENGLISH LANGUAGE PROFICIENCY:

Fluent Developing Beginner

If English is not their first language, has there been any concern raised regarding the student's learning in his/her native languages?

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Does the student require a specialized education program?
If yes, please provide details and pertinent documentation. Yes No

Is the applicant habitually absent? Yes No

Has the student ever been referred to a school administrator
or counselor for disciplinary reasons?
If yes, please provide details. Yes No

Is the applicant habitually tardy? Yes No

Please rate this student's overall performance: (Weak) 1 2 3 4 5 6 7 (Strong)

Please describe this family's level of involvement in their child's education.

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How realistic is this family's view of their child as a learner?

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Official's Name

Position

Name of School

Phone Number

Address of School

E-mail

Signature

Date (DD/MM/YYYY)

PLACE SCHOOL STAMP HERE

**KINDLY MAIL THIS FORM IN A SEALED ENVELOPE DIRECTLY TO:
AMERICAN COMMUNITY SCHOOL BEIRUT - ADMISSIONS OFFICE**

67 Nigeria Street, Jal El-Bahr 2035-8003, Ras Beirut
P.O.Box 11-8129, Riad El-Solh 1107-2260, Beirut, Lebanon

T 961 [1] 374 370 F 961 [1] 366050

OR

E-MAIL IT TO: nzabad@acs.edu.lb

WWW.ACS.EDU.LB