

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

APPLICANT'S NAME IN **BLOCK LETTERS**:

FIRST NAME

MIDDLE

LAST NAME

MM/DD/YYYY

QUESTIONNAIRE

PLEASE INDICATE YOUR PRESENT ESTIMATE OF THE APPLICANT 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					
Ability to Transition					
Completing Work in a Timely Manner					
Listening & Following Teacher's Directions					
Respecting Expectations & Routines					
Attention During Group Time					
Participation in Class Discussions					
Expressing Ideas Verbally					
Relationship with Peers					
Performance in Relation to Fellow Students					

What are the applicant's strengths?

.....

What are the applicant's challenges?

.....

ENGLISH LANGUAGE PROFICIENCY:

Fluent Developing Beginner

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

Does the applicant require any support services? Yes No

If yes, check the following services:

Behavior Management/Therapy Occupational/Psychomotor Therapy Speech/Language Therapy
 Special Education Psychotherapy Other:

Please provide details and pertinent documentation.

Has the applicant ever been referred to a school administrator or counselor for disciplinary reasons? Yes No

If yes, please provide details

Is the applicant habitually absent? Yes No

Is the applicant habitually tardy? Yes No

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

Do the parents exhibit themselves as partners with the school in their applicant's learning and development?

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