

CONFIDENTIAL

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

WE ASK THAT THIS FORM BE COMPLETED BY THE TEACHER AND 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

NAME OF APPLICANT

PLEASE INDICATE YOUR PRESENT ESTIMATE OF THE APPLICANT BY A CHECK MARK (✓)

ACADEMIC DEVELOPMENT		Below Average	Fair	Good	Excellent	Exceptional
Math:	Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy:	Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Decoding skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEARNING DISPOSITIONS	Below Average	Fair	Good	Excellent	Exceptional
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing feelings/needs verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of expectations and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive influence on peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening and following teachers' directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention during group time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing ideas verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMMENT:

1. What are the applicant's strengths?

2. What are the applicant's challenges?

3. What adjectives come to mind when describing the applicant?

4. Describe the child's emotional development (self-image, acceptance of limits, routines, ability to make transitions, tolerance of frustrations):

5. Describe the child's relationship with peers. Please provide evidence that reflects this relationship.

6. Does the child often require one-to-one support and redirection from the teacher? Please provide evidence from the classroom context.

7. How does the child respond to open-ended questions and scenarios?

8. Academic development: Please define areas of academic strength and weakness and comment on their nature and extent.

9. What are the child's special interests or talents?

10. In relation to boys and girls of the same age at your current school and using the scale below, how would you rate the candidate?

	Below Average	Fair	Good	Excellent	Exceptional
For overall academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For overall character and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What support services, if any, has the applicant received? Check if previously or presently participating in any programs or services listed below.

- Behavior Management
- Occupational Therapy
- Individual Education or Learning Plan
- ESOL/ ESL/ ELL (English Language Learner)
- Gifted and Talented Programs
- Speech/ Language Therapy
- Remedial/ Tutorial Program
- Other

Describe any of the programs checked above (attach a separate sheet if necessary). Indicate if any comprehensive educational assessments have been conducted or completed for this child. If so, give the date and describe the type of assessment. This assists ACS to understand the complete learning needs of the student.

12. Has the child been involved in disorderly or disruptive conduct?

Yes No

13. Would you re-enroll the child in your school?

Yes No If no explain:

14. How would you rate the level of the applicant's English proficiency?

Beginner Intermediate Advanced Native Fluency

15. To your knowledge, is the parents' perception of their child compatible with the school's understanding of the child?

16. Do the parents partake in their child's school activities?

17. Do they take the school's recommendations seriously?

18. How do they foster the child's independence? Please provide an example that serves as evidence.

19. How do you describe their parenting style? (Overprotective, permissive, supportive, etc.)

20. How do they react to school decisions that they don't agree with?

Official's Name

Position

Name of School

Phone Number

Address of School

E-mail

Signature

Date (DD/MM/YYYY)

**ACS empowers students to solve problems with creativity and integrity, to lead well-balanced lives,
and to serve Lebanon and the world community with understanding and compassion.**

PLEASE MAIL, FAX OR E-MAIL THIS FORM DIRECTLY FROM YOUR SCHOOL TO:

ACS BEIRUT - ADMISSIONS OFFICE

67 Nigeria Street, Jal el-Bahr 2035-8003, Ras Beirut

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