

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

9. 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 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"/>

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

- Behavior Management
- Speech/ Language Therapy
- Occupational Therapy
- 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.

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

- Beginner
- Intermediate
- Advanced
- Native Fluency

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

- Yes
- No
- If no explain:

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

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

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

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

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

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

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Use this space if needed.

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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:

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