

NAME OF APPLICANT

APPLICANT FOR GRADE

PARENT OR GUARDIAN: Please write your child's name in the space above, read and sign the following before giving this to your child's counselor or principal. Please include an envelope to be sealed by the referee.

I understand and agree that the information contained on this recommendation is confidential and will be used only in the selection of applicants. I also understand that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.

Signature of Parent of Guardian

Date

TEACHERS: Please complete this form and return it in the enclosed envelope, by fax or e-mail. This Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. The child's application cannot be processed until this form is received in our Admissions Office.

Name of person completing this form

Position

Are you currently teaching this student? Yes No

In what class? _____

E-mail Address

PLEASE CIRCLE THE NUMBER THAT BEST APPLIES IN EACH CATEGORY.

ACADEMIC DEVELOPMENT		Weak	Fair	Good	Excellent	Exceptional
Math:	Computation	1	2	3	4	5
	Problem solving	1	2	3	4	5
Literacy:	Comprehension	1	2	3	4	5
	Decoding skills	1	2	3	4	5
	Oral expression	1	2	3	4	5
	Written expression	1	2	3	4	5
	Vocabulary	1	2	3	4	5
	Attention span	1	2	3	4	5
	Motivation	1	2	3	4	5
	Study habits	1	2	3	4	5
	Quality of work	1	2	3	4	5
	Follows directions	1	2	3	4	5
	Contributions to group	1	2	3	4	5
	Achievement relative to potential	1	2	3	4	5
SOCIAL/EMOTIONAL DEVELOPMENT		Weak	Fair	Good	Excellent	Exceptional
	Level of maturity	1	2	3	4	5
	Relationship with peers	1	2	3	4	5
	Relationship with adults	1	2	3	4	5
	Consideration of others	1	2	3	4	5
	Adaptability	1	2	3	4	5
	Sense of humor	1	2	3	4	5
	Curiosity	1	2	3	4	5
	Imagination and creativity	1	2	3	4	5
	Self-Confidence	1	2	3	4	5

PLEASE COMMENT:

1. What adjectives come to mind to describe this applicant?

2. Emotional development (self-image, acceptance of limits/ routines, ability to make transitions, tolerance of frustration):

3. Social maturity (cooperation, respect for the rights of others, willingness to share, acceptance of constructive criticism):

4. Personal qualities (leadership, character, honesty, sense of humor, responsibility, concern for others):

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

6. Special interests or talents.

7. Parent cooperation and involvement.

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

9. Comments or other information you believe might be helpful:

10. Please describe any notable social, behavioral or emotional concern. What steps have been taken to address them?

11. 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?

	Weak	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"/>

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

- | | |
|--|---|
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Speech/ Language Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Remedial/ Tutorial Program |
| <input type="checkbox"/> Individual Education or Learning Plan | <input type="checkbox"/> Other |
| <input type="checkbox"/> ESOL/ ESL/ ELL (English Language Learner) | |
| <input type="checkbox"/> Gifted and Talented Programs | |

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.

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13. Are you aware of any additional learning or behavioral support that has been provided to this student, or if a condition exists, so that it may be required? (IEP, learning disability, counseling, speech, OT, tutoring, ESL, etc.)

- Yes No Please explain below:

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14. Has the student been involved in a disorderly or disruptive conduct? Yes No

14. Would the student be permitted to re-enroll in your school? Yes No If no, please explain:

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

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Native Fluency |
| <input type="checkbox"/> Lower Intermediate | <input type="checkbox"/> Upper Intermediate | <input type="checkbox"/> Near Native | |

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Signature

.....
Date

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
P.O.Box 11-8129, Riad El Solh 1107-2260, Beirut, Lebanon
T 961 [1] 374 370 F 961 [1] 366050 E nzabad@acs.edu.lb

