

TEACHER EVALUATION PRIMARY SCHOOL APPLICANTS (EARLY YEARS 1 – GRADE 5)

Instructions

A separate form should be used for each student applying for admission to ISZL. Parents should sign page 1 of this form. Forms should be completed by a student's Form/Homeroom teacher or Learning Support teacher, who should then sign page 2. Once completed, this form should be placed in a sealed and signed envelope and returned by the teacher to: International School of Zug and Luzern, Admissions Office, Walterswil 1, 6340 Baar, Switzerland. Telephone +41 41 768 2900, admissions@iszl.ch If ISZL has any queries or concerns regarding the completed evaluation the school may contact the teacher for verification. The parent's signature below gives ISZL permission to make that contact.

Information supplied will be held in the strictest of confidence.

INFORMATION FOR PARENTS (OR GUARDIANS)

Please enter your child's name below and sign here to release the information:

► Date: Signature of parent:

INFORMATION FOR TEACHERS COMPLETING THIS FORM

The student named below is an applicant for admission to the International School of Zug and Luzern (ISZL) which is an English language, independent World IB School with approximately 1300 students ranging in age from 3 to 18. We would appreciate it if you would complete the form and return it directly to us as soon as possible. We have asked the students family for full disclosure of any educational or behavioural issues, so that we can ensure that we have the appropriate programme for the applicant concerned.

Decision on admission is taken after the teacher evaluation, school reports and any other relevant information has been reviewed by the admissions department in conjunction with the relevant Head of School or Principal. Students whose first or best language is not English may be required to follow the school's English as an Additional Language (EAL) programme.

Applicant and teacher information

Name of student: Current grade:
Name of present school:
School address:
Language of instruction:
Name of teacher submitting evaluation:
Position:
E-mail address: Length of time acquainted with student:

Applicant Evaluation

1) Please evaluate the above named student by ticking the appropriate box:

	Cause for concern	Satisfactory	Good	Excellent
General academic progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus and attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information required for students applying to our Early Years 1 to Kindergarten (ages 3–5):

	Cause for concern	Satisfactory	Good	Excellent
Ability to cope with separation from parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence with toileting <input type="checkbox"/> Yes <input type="checkbox"/> No				

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► Name of student:

2) Please list four adjectives you would use to describe this student:

1) 2)
3) 4)

3) Is there an area that this student demonstrates a strength or requires support? ☐ Yes ☐ No

Please describe the students strengths/weaknesses:

4) To the best of your knowledge has the student ever received:

Learning support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Educational assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychological assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational/physical therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social emotional counselling/therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech and language therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
English as an Additional Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes, please comment:

5) Has the student ever been subject to any serious disciplinary procedures? ☐ Yes ☐ No

If you answered yes, please comment:

6) Does the student require support with any social or emotional needs in the classroom? ☐ Yes ☐ No

If you answered yes, please comment:

7) Is there anything else we should know about the student's personal circumstances, any mental, physical or health issues, that may affect his/her daily school life? ☐ Yes ☐ No

If you answered yes, please comment:

8) On a scale from 1 (not at all) to 10 (extremely) how supportive are the applicant's parents of their child's education?

Please circle: 1 2 3 4 5 6 7 8 9 10

Additional comments:

9) I recommend this student for admission:

☐ enthusiastically ☐ confidently ☐ with some reservation ☐ not at all

Any additional comments:

ISZL has a rigorous child protection policy where student welfare is paramount. Therefore please contact our child protection officer directly on +41 41 768 2909 if there are any safeguarding/child protection issues we should know about.

► **PLEASE SIGN HERE:**

Date:

Signature of teacher: