



*Application for Enrollment
Part Two*

Confidential recommendation and request for school records

This form is for students applying to Elementary School IBPYP1 (Age 5) - IBPYP6 (Age 10)

To parent/guardian: Please fill out section A and give it to the child's school to complete and endorse with school stamps.

Section A

Name of student Date of birth

I hereby authorize to release my child's school records

Signed (parent or guardian) Date

Section B

To the Teacher, Counsellor, or Director: We appreciate your cooperation in providing us with school records and a confidential recommendation for the above named child. Please forward school records or transcripts of evaluations and grades. If the student left before the end of term, please include grades/evaluations up to the time of withdrawal.

Please include the following items with this recommendation:

- School records/transcripts for the last two years
- Copies of any standardised test results
- Independent writing sample (language of choice and English if possible)
- Maths sample
- Any other information you consider may be helpful

Language

	Performance					Effort		
	Not yet up to grade level expectations	Meeting grade level expectations	Consistently exceeding grade level expectations	Modified programme *	Not applicable	Improved effort needed	Good effort	Exceptional effort
Reading								
Writing								
Listening								
Speaking								

* Please describe the nature of the modifications:.....
.....

Independent Reading Level

- Pictures only Picture Storybooks Simple Chapter Books: Chapter Books:

Please include the title and author and/or reading scheme and level of a book recently read:

Please describe the child's attitude towards reading:
.....
.....

Please describe the child's attitude towards writing:.....
.....
.....

Name of Student:

Mathematics

	Performance					Effort		
	Not yet up to grade level expectations	Meeting grade level expectations	Consistently exceeding grade level expectations	Modified programme *	Not applicable	Improved effort needed	Good effort	Exceptional effort
Number								
Pattern and Function								
Data Handling								
Space and Shape								
Problem Solving								

* Please describe the nature of the modifications:.....

Mathematics - Areas covered

- Addition
 Subtraction
 Multiplication
 Division
 Money
 Place Value
 Fractions
 Geometry
 Measurement
 Graphs
 Other:

Please describe the child's attitude towards Mathematics:.....

Personal Characteristics

	Improvement needed	Satisfactory	Good	Excellent	Not Applicable
Works independently					
Follows directions					
Communicates well with peers					
Communicates well with adults					
Behaves respectfully and appropriately					
Works cooperatively in group situations					
Completes work on time					

What are the student's special interests?

Please note any academic, personal and/or behavioural concerns you have about the student:

Has the student ever received or been recommended for extra support? If yes, please explain:

Has the child ever received:

Psychological assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech and Language Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any of the above, please include reports of testing and/or therapy, as well as any recent Individual Educational Plans (IEPs).

Recommendation

I recommend this applicant for admission: Enthusiastically / Strongly / With reservation / Not at all

Name Job Title.....
 E-mail Telephone.....
 Signature Date.....

Thank you for completing this confidential recommendation.

Please return this application to:

**The Registrar, Danube International School Vienna, Josef Galle-Gasse 2, 1020, Vienna, Austria.
 Tel. 0043 1 720 3110, Fax. 0043 1 720 3110, registrar@danubeschool.com**