



FOR SECONDARY STUDENTS APPLYING TO IST IST CONFIDENTIAL REFERENCE FORM

This form is to be completed by your child's Principal or Counselor. We thank them for their time and reflection in completing it. These observations form an important part of this student's application. Please ask the writer to insert this form into an envelope, seal and sign across the sealed flap for you to hand carry to IST, or to send it as a signed, scanned email attachment directly to: admissions@istafrica.com

Student Name: _____
First
Middle
Last

Current Grade/Class: _____ School Year: _____

Type of Curriculum: _____

School Presently Attending: _____

Address of School: _____

Website: _____ Telephone: _____

Mobile: _____ Fax: _____ Email: _____

Person Completing Form: _____ Position: _____

The student has been enrolled in the current school from _____ to _____. I have known him/her for _____ years.

1. What would you describe as the applicant's greatest strengths?

2. Describe any limitations, disabilities, or special needs (including amount of teacher time required).

3. How would you describe the parental support and involvement in the school?

4. Has the student been dismissed, suspended, placed on probation, or incurred serious disciplinary action? _____ If yes, please explain on a separate piece of paper.

5. Have there been any child protection/safeguarding concerns related to this student? Yes No. If yes, a School Counselor will contact you for additional information.

6. Does the student:
- Frequently require one-to-one support? Yes No
 - Require modification of the curriculum in their current Grade? Yes No If yes:
 Modification for support to meet Grade level expectations Yes No
 Modification to extend beyond Grade level expectations Yes No
 - Disrupt the learning of others in the classroom? Yes No
 - To your knowledge, has the student had any formal external assessment? (e.g. Ed. Psych, Speech-Language, Occupational therapist) No Yes which? _____
7. Would this student need English language support? Maybe No Yes

Academic Performance

	Unknown	Below Average	Average	Above Average	Superior
Current Academic Standing					
Reading Comprehension					
Verbal Ability					
Writing					
Mathematics					
Classroom Participation					
Study Habits					
Motivation to Learn					
Organization					
Attendance					

Social/Emotional Development

	Unknown	Below Average	Average	Above Average	Superior
Attention Span					
Follows Directions					
Completes Tasks					
Attitude Toward Teachers					
Attitude Toward Peers					
Positive Contributor to the School					
Accepts Consequences					
Self Control					

Comments (particularly any areas "Below Average" or Superior): _____

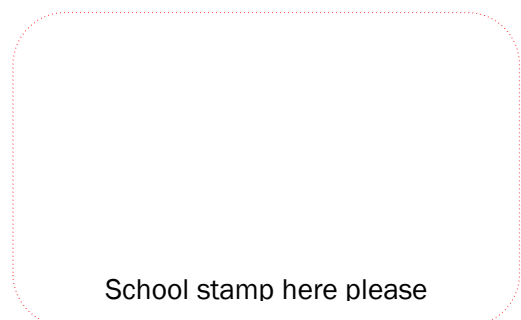
Please feel free to use additional sheet.

Signature:

Date:

Email address:

Note: If the form is completed electronically it should come from the official school email address.



School stamp here please